



## YES! I want to help make an exceptional arts education possible for the nearly 800 students who attend Oakland School for the Arts!

ENCLOSED IS MY TAX-D		
O\$25 O\$50 O\$10	00  ○\$250  ○\$500	○ \$1,000 ○ Other amount \$
NAME		BECOME A RECURRING DONOR!
STREET ADDRESS		Recurring amount:
OUTV OTATE TIP		○ \$25.00 ○ \$50.00 ○ \$100.00 ○ \$250.00
CITY, STATE, ZIP		○ \$500.00 ○ Other Amount: \$
E-MAIL		○ Donate monthly or ○ Donate Quarterly
I want my contribution to be anonymous.		$\bigcirc$ 1st of the month $or$ $\bigcirc$ 15th of the month
O Yes, my employer matches donations.		Start my sustaining gift on:
O Employer Name		
		I would like to continue my recurring gift for:
PAYMENT INFORMATION		○1 year ○2 years ○3 years ○4 years
O My check made out to Oakland	School for the Arts is enclosed.	<u> </u>
O Pay by Credit Card		
Type of card: O Visa O MasterCard O American Express O Discover		
CARD NUMBER		
NAME ON CARD		
NAME ON CARD		
EXP. DATE (MONTH/YEAR)	SECURITY CODE	PLEASE MAIL DONATIONS TO:
PHONE (optional)	Cell O Home O Work	Oakland School for the Arts Attn: Advancement
I authorize Oakland School for the Arts to charge the account		530 18th Street
listed above for the donation amount(s) designated on this form:		Oakland CA 94612
SIGNATURE		For information, please call 510.873.8807
0.0 I OILE	DAIL	i or information, produce outrostorologi