



I will donate \$ \_\_\_\_\_

to the Anna Astvatsaturian Foundation

☐ MONTHLY DONATION      ☐ ONE-TIME DONATION

☐ MULTI-YEAR DONATION for \_\_\_\_\_ years

*Making your donation online saves time and expense, allowing us to do more with every dollar  
Please consider donating online*

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I wish to have this gift remain anonymous ☐

☐ **I WILL PAY WITH A CREDIT CARD.**

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ ☐ Visa ☐ MC ☐ Disc ☐ AmEx

CVC #: \_\_\_\_\_ Name as it appears on card (please print): \_\_\_\_\_

Billing Address: ☐ Same as shipping \_\_\_\_\_

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Country: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **I WILL PAY WITH A CHECK.** (please ensure checks are payable to Anna Astvatsaturian Foundation)



*Thank you for supporting our mission through your generous contribution*

Anna Astvatsaturian Foundation's Federal Taxpayer I.D. #85-3904963