

YOUR DETAILS

Title	First Name	
Surname		
Address		
City	State	Zip
Email		
Telephone or Mobile		

YOUR SUPPORT

I would like to contribute: \$50 \$100 \$250 Other Amount

to The American Foundation for The Courtauld Institute of Art.

Please select a payment method:

A: BY CARD

Please charge my credit / debit card

Name on card	
Card number	
Card type (e.g. Visa, Mastercard)	
Expiry date	Security number
Billing address (if different from above)	
Signature	
Date	

B: BY CHECK

I enclose a check made payable to 'The American Foundation for The Courtauld Institute of Art'

GIFT OPTIONS

I would like my donation to support:

- | | |
|---|--|
| <input type="checkbox"/> Wherever the need is greatest | <input type="checkbox"/> Libraries |
| <input type="checkbox"/> Teaching and research | <input type="checkbox"/> Conservation |
| <input type="checkbox"/> Scholarships and travel grants | <input type="checkbox"/> The Courtauld Gallery |

Please return this form to:

Susan Marks
Executive Director
American Foundation for
Courtauld Institute of Art
55 East End Avenue #3D
New York, NY 10028

Information:

Email: susan.marks@courtauld.ac.uk
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