

# HAMBIDGE

## Donor Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate if you would like your gift to be in honor or in memorial of someone:

\_\_\_\_\_

Please acknowledge as:

Name \_\_\_\_\_

- Keep my gift anonymous  
*Your information above will be kept on file for tax purposes but will not be shared.*

## Please indicate how you would like your 100% tax deductible gift to support Hambidge

- General Operating Fund** to cover costs associated with the residency program
- Sponsor a Distinguished Fellowship at \$3500** to provide two weeks of a paid residency and \$700 stipend to the resident to offset personal expenses. Naming opportunities available.
- Sponsor a Two-Week Residency at \$3000** to cover all costs for a selected resident for a two-week stay at Hambidge.
- Sponsor a One-Week Residency at \$1500** to cover all costs for a selected resident for a one-week stay at Hambidge.
- Land Conservation** to support Hambidge's environmental preservation programs.
- Happy Trails Fund** to support the development and maintenance of hiking trails.
- Anagama Program** to support the expansion and improvement of the Anagama Kiln and educational workshops on its use and application.

*Please provide payment details on next page*

**Payment Details**

*Your payment details will be used only for transactions related to the gift details provided.*

Visa/M.C Card       Amex

Card Number \_\_\_\_\_

Exp. date \_\_\_\_\_ Security code \_\_\_\_\_

Zip code \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Check enclosed

**Send check and this donation form to:**

Hambidge  
P.O. Box 339  
Rabun Gap, GA 30568

You may also donate by calling 706-746-7324.

***Thank you for supporting Hambidge!***