

GIVE YOUR HEART TO ART

16EVARTS

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Address _____

Dietary restrictions/preferences _____

I cannot attend but would like to make a donation
in the amount of \$ _____

Amount enclosed \$ _____

Check # _____

Please make checks payable to *RU Foundation, Inc.*

Signature _____

Visa MasterCard Discover Amex

Cardholder's name _____

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Expires ___ / ___ security code # _____

Please respond by Jan. 20, 2016.

*If you have any questions, please contact Jennifer
White at (540) 831-5407 or jwhite26@radford.edu.*

The value of the goods and services to be provided to you in connection with this payment is \$50. The proceeds from this event benefit the RU Art Museum Acquisition Fund. Please consult your tax advisor to determine how this applies to you.