

2016 *Annual Fund*

DECORATIVE
ARTS
CENTER
OF OHIO
REESE-PETERS HOUSE

YOUR INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

GIFT INFORMATION

Please select your gift level:

- Partner.....\$100
 Patron.....\$250
 Benefactor.....\$500
 Other Gift Amount: \$_____

PAYMENT INFORMATION

- Cash Check (*payable to DACO*)
 Visa MasterCard

Name on Credit Card:

Signature (*required for credit card*):

Credit Card Number:

Exp. Date:

3-Digit Security Code:

___ / ___ / _____ _____

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