



Community Arts Project

Yes, I want to help Community Arts Project provide opportunities for artistic exploration and expression in our community!

Name(s):

Mailing address:

City, State, ZIP:

Phone:

Cell:

Email:

Please accept my tax-deductible contribution of \$ _____.

Please make your check payable to CAP. Print this form and mail with check to:

Community Arts Project

PO Box 248

Cloverdale, OR 97112

Thank you!