

COMMUNITY ALLIANCE



FOR THE PERFORMING ARTS

CAPA P.O. Box 823
Easton, MD 21601

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I would like to make a donation to CAPA paying by: Check Credit Card

Credit Card Type: Master Card VISA

Cardholder Name: _____

Billing Address: _____

Card Number: _____

Card Expiration: _____

- Please contact me about:
- making an appreciated stock donation
 - making a bequest or contributing to an endowment
 - penalty free IRA withdrawals
 - funding a scholarship for SummerFame

Please print and complete this form and mail to CAPA, P.O. Box 823, Easton, MD 21601