

I want to make an impact through Art Impact Project!

My Gift:

\$100

\$250

\$500

\$1000

\$2500

\$5000

Other _____

- \$100 will purchase art materials for one recovery site for 1 month.
- \$500 assists in the funding for one semester of the Emotional Wellness Program.
- \$1000 will contribute significantly to general operating expenses, including staffing and expansion efforts.
- Donations at every level are appreciated!

In memory/honor of _____

I am enclosing my company's matching gift form.

Donate to Art Impact Project online: artimpactproject.org

Art Impact Project is a 501(c)3 Nonprofit Organization

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Please accept my check, made payable to **ART IMPACT PROJECT**.

Please charge my VISA American Express MasterCard Discover

Acct No. _____ Exp. Date _____

Signature _____ Security Code _____

Add me to your email list to receive updates and information about future opportunities to get involved!



FUTURE PROJECT VISIONS

- Establishing partnerships with additional Intensive Outpatient Programs (IOPs)
- Expanding the Emotional Wellness Program
- High School and College recovery groups
- Sober living homes
- Hospitals with recovery programs
- Community youth groups
- Build Young Adult Program
- Establishing an Art Impact Project Studio