



ART
THERAPY
STUDIO

SINCE 1967

HOLIDAY GIVING

- \$500** Provide one art therapy visit to 50 hospital inpatients to help them cope with a traumatic brain injury
- \$250** Provide one month of individual art therapy to a person who has had a stroke to help them express themselves visually
- \$100** Provide one 10-week session of group art therapy classes to persons with multiple sclerosis
- \$50** Provide five art therapy classes to a person with a spinal cord injury to enrich their quality of life

Yes! I want to make a contribution to the Art Therapy Studio, to help continue its expressive therapeutic art therapy programs.

Enclosed is my donation of \$_____ (*checks payable to Art Therapy Studio*)

Please charge (MC/Visa/Discover) my donation to:

Card # _____ Expiration Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Please add me to your email list: _____

I have remembered the Art Therapy Studio through a bequest or estate planned gift.

I would like to donate shares of stock.

Donations to the Art Therapy Studio can also be made in Honor Of or in Memory Of individuals designated by you. **Complete the following for a designated gift:**

The enclosed donation is In Honor of In Memory of

Name _____

Please Notify _____

Address _____

City _____ State _____ Zip _____

We will acknowledge your gift promptly. If you designate your gift in Honor Of or in Memory Of someone, we will send an appropriate acknowledgement without mention of the amount.



Return to: **Art Therapy Studio**, 12200 Fairhill Road, Cleveland, OH 44120