YES, I WANT TO BE A MEMBER...

○ NEW ○ RENEWAL

○ INDIVIDUAL: $50

○ FAMILY: $75

○ SUPPORTER: $125

○ PATRON: $250

○ SUSTAINER: $500

○ MR. ○ MRS. ○ MS. ○ DR.

NAME .....

ADDRESS .....

CITY STATE ZIP .....

PHONE .....

E-MAIL ADDRESS .....

I WOULD LIKE TO MAKE AN ADDITONAL GIFT FOR PROGRAMMING IN THE AMOUNT OF ..... TO:

○ ARTREACH ○ ARTWALK ○ EXHIBITS

I WOULD LIKE TO HONOR .....

.....

..... WITH MY GIFT (OPTIONAL).

PAYMENT OPTIONS

CHECK ENCLOSED FOR (MADE PAYABLE TO THE CENTER)

$ .....

PLEASE CHARGE MY CREDIT CARD FOR

$ .....

○ VISA ○ MASTERCARD ○ DISCOVER

CARD ACCOUNT NO. EXP. DATE .....

SIGNATURE .....

TO PAY OVER THE PHONE USING A CREDIT CARD, PLEASE CALL 325.677.8389.

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