

**ARTS NORTH CAROLINA
108 S BLOUNT ST
RALEIGH NC 27601
919/834-1411 - 919/839-6002 (FAX)**

Name _____

Organization/Business _____

Address _____

City _____ State _____ Zip _____

County _____ (circle one)
(Home/Work) Phone _____ Cell _____

E-mail Address _____ Web Site _____

Amount	Level
\$35	Basic Individual Membership
\$50	Ally
\$100	Supporter
\$250	Operative
\$500	Advocate
\$750	Champion
\$1,000	Leadership Council

TOTAL SUPPORT FOR 2010-11 \$ _____

ALL DONORS OF \$1,000 OR MORE ARE MEMBERS OF THE ARTS NORTH CAROLINA LEADERSHIP COUNCIL

How do you wish your name to be listed for recognition purposes?

- I wish for my gift to be anonymous
- My gift is eligible for a matching gift by: _____

Payment Options:

- Please make all **checks** payable to ARTS North Carolina, 108 S Blount St, Raleigh NC 27601
- Charge to:** Visa MasterCard American Express Discover
Card Number: _____ Exp. Date: _____
 Check this box to charge your credit card \$ _____ every month.
- Please send me a reminder of my **pledge:** Quarterly Annually Other: _____
What month(s)? _____

Signature _____ Date: _____

All gifts to ARTS North Carolina are fully tax-deductible as outlined by the IRS