

**ARTS NORTH CAROLINA
PO Box 28063
RALEIGH NC 27611-8063
919/834-1411**

Name _____

School/Business/Organization _____

Address _____

City _____

State _____

Zip _____

(circle one)

E-mail _____

(Home/Work) Phone _____

Cell _____

Web Site _____

ARTS North Carolina Membership

\$ 35

Individual Contribution

\$ _____

Total Support for 2008-09

\$ _____

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

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, PO Box 28063, Raleigh NC 27611-8063
- Charge to:** Visa MasterCard American Express Discover
Card Number: _____ Exp. Date: _____
- 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