

INDIVIDUAL ARTS CONTRIBUTORS

Δ Dr. Δ Mr. Δ Ms. Δ Mrs. Δ Mr. & Mrs. _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name(s) & Age(s) of Children at Home _____

Δ I would like to secure the future of the ARTS in Wilson County. Enclosed is an additional \$_____ (\$10 minimum) for the Arts Council Endowment Account.

Δ Please contact me about volunteer opportunities.

I am contributing \$ _____

Matching Gift \$ _____ / # _____

Δ Check Enclosed # _____

Δ Cash

Δ Invoice me in _____ (month)

Charge my Δ VISA Δ MC Δ AMEX

Δ Now

Δ Quarterly \$ _____

(min. \$125 / total \$500)

Card # _____

Exp. ____/20__

Name on Card _____

Signature _____

Arts Council Use Only

Date pledge rcvd _____

Date Paid _____

Payment _____

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