

THANK YOU FOR SUPPORTING THE ARTS PARTNERSHIP AND ITS PROGRAMS!

To become a member of The Arts Partnership, follow these simple steps:

1. Fill out the membership form below.
2. Cut along dotted line.
3. Enclose check or fill out credit card information on membership form.
(Checks may be made payable to The Arts Partnership)
4. Mail membership form and check, if necessary, to:

The Arts Partnership
618 S. Main Street
Findlay, OH 45840



Annual Membership Contribution

- | | |
|--|---|
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Changes/Corrections | <input type="checkbox"/> Small Business/Corporate |

Today's / Gift Date _____

Name - Individual or Business _____

If Business, Contact Name _____

Address _____

City _____ **State** _____ **Zip** _____

Daytime Phone _____ **Email** _____

I request that my gift remain anonymous.

Memberships are active for one year from gift date.
 All contributions are deductible in accordance to the federal laws.

The Arts Partnership Tax Exempt #34-1278627

- | | |
|---|---|
| <input type="checkbox"/> \$50 Enthusiast | <input type="checkbox"/> \$2,500 Silver Benefactor |
| <input type="checkbox"/> \$75 Family | <input type="checkbox"/> \$5,000 Gold Benefactor |
| <input type="checkbox"/> \$125 Contributor | <input type="checkbox"/> \$10,000 Platinum Benefactor |
| <input type="checkbox"/> \$250 Sustainer | |
| <input type="checkbox"/> \$500 Donor | |
| <input type="checkbox"/> \$750 Patron | |
| <input type="checkbox"/> \$1,000 Benefactor | |

Total Gift	Amount Enclosed	Balance Due
\$	\$	\$

If balance is due, you will be invoiced
4 months from gift date.

Check enclosed # _____

Visa MasterCard Discover

Card # _____

Exp. Date _____

Signature _____