



MEMBERSHIP FORM

Please return this portion along with your payment to:
The Center for the Arts
314 West Main Street, Grass Valley, CA 95945
(530) 274-8384

*I am pleased to make a tax deductible contribution to
The Center for the Arts for membership at the level of:*

Level

Amount

New Membership **Renewal/Upgrade** **Evergreen (automatic yearly renewal)**

Name

Date

Address

City

State

Zip

Email

Phone

Additional name(s) to be listed on Membership card

I elect the following payment schedule:

One Payment Pledge of \$ _____

Recurring Monthly* \$ _____ Quarterly payments of \$ _____

Payment Method:

Cash Check# _____ VISA/MC AMEX Discover

Automatic ACH payments (attach voided check)

*\$10 per payment minimum

I wish to decline benefits and make my donation 100% tax deductible

Card #

Exp

CVC Code

Signature

For office use only:

Method:

Event: