

Be an **ARTS** p**ART**ner

INDIVIDUAL/FAMILY

NAME

ADDRESS

EMAIL

PHONE



I am interested in volunteering; please contact me

OFFICE USE ONLY — DATE RECEIVED



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COMMUNITY COUNCIL FOR THE ARTS

Annual pARTnership Campaign

INDIVIDUAL/FAMILY LEVEL:

- \$50 INDIVIDUAL
- \$100 FAMILY
- \$250 DONOR
- \$500 SPONSOR
- \$1000 PATRON

LEVEL UP IN GIVING:

- \$1500 SUSTAINER
- \$2500 BENEFACTOR

OTHER \$ _____

COMMUNITYCOUNCILFORTHEARTSKINSTON.COM

Visa MC Discover AmEx

Exp. _____ CSV _____

ACCOUNT NUMBER

SIGNATURE — I authorize CCA:

- To charge my credit card in quarterly installments
(The quarterly installment option applies to gifts of \$250 or more.)
- To automatically renew my partnership in February of the new p**ART**nership year.



ommunity Council for the Arts

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