



Macon Arts Membership & Sponsorship

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number(s): _____

Name as you would like it to appear in publications, sponsor signage, etc.:

I would like to support Macon Arts at the following level:

- | | |
|---|--|
| <input type="checkbox"/> Student Member (\$15) | <input type="checkbox"/> Patron (\$600)* |
| <input type="checkbox"/> Individual Member (\$30) | <input type="checkbox"/> Bronze Sponsor (\$1,200)* |
| <input type="checkbox"/> Family Member (\$50) | <input type="checkbox"/> Silver Sponsor (\$2,400)* |
| <input type="checkbox"/> Donor (\$120)* | <input type="checkbox"/> Gold Sponsor (\$4,800)* |
| <input type="checkbox"/> Supporter (\$240)* | |

Payment:

Enclosed is my one-time payment of: \$ _____
in the form of a: Credit Card Check

(*The following options are available at the giving levels of \$120 and above.)

I would like to make 4 quarterly payments for a total annual donation of: \$ _____,
in the form of a: Credit Card Check (Please bill me.)

I would like to make 12 monthly payments for a total annual donation of: \$ _____.
in the form of a: Credit Card Check (Please bill me.)

This information will be used for billing purposes only, and will be securely disposed of.

Name as it appears on the credit card: _____

Credit Card number: _____ Expiration: _____

Security Number (3-digit code listed on the back of your card): _____

Billing Address (if different from above): _____

Billing Zip Code: _____

Please mail this form along with payment to: Macon Arts, P.O. Box 972, Macon, GA, 31202.