



ARTS COUNCIL OF WILSON MEMBERS

Minimum
\$35 for individual
\$60 for family

◇ Dr. ◇ Mr. ◇ Ms. ◇ Mrs. ◇ Mr. & Mrs. _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

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

◇ 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.

◇ Please contact me about volunteer opportunities.

Turn over to see
levels of giving!

I am contributing \$ _____ + \$ ___ endowment

● Matching Gift \$ _____ / # _____

● ◇ Check Enclosed # _____

● ◇ Cash

● ◇ Invoice me in _____ (month)

● Charge my ◇ VISA ◇ MC ◇ AMEX ◇ DISCOVER

● ◇ Now ◇ Monthly \$ _____ (min. \$25)

● ◇ Quarterly \$ _____
(min. \$125 / total \$500)

● Card # _____

● Expiration Date _____/20____ CV Code _____

● Name on Card _____

● Signature _____

Arts Council Use Only

Date pledge rcvd _____ Date Paid _____

Payment Amt \$ _____ / Pymt Method _____

2018 PLEDGE