



PO Box 4080 | Rapid City, SD 57709 | 605-394-4106

YES!



Count me in for a gift of \$ _____

Giving levels:

Quality of Life	\$1,500 - \$4,999
Protector	\$750 to \$1,499
Benefactor	\$550 to \$749
Advocate	\$250 to \$549
Patron	\$100 to \$249
Friend	\$99 and under

Name _____

Business _____

Address _____

City, State, Zip _____

Phone _____

Email _____

- A pledge to be paid later, please invoice me.
- Check enclosed payable to Allied Arts Fund
- Please bill my credit card

Visa Master Card American Express

Account # _____

Expiration Date _____

CV2# (3 digit # on back of card) _____

Signature _____

Name to appear in Bravo _____

I wish to remain anonymous.

or give online @ www.alliedartsrc.org