

YES!



YOU CAN COUNT ON ME FOR A GIFT OF \$ _____

GIVING LEVELS:

- Quality of Life \$1,500 - and up
- 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

Account # _____

Expiration Date _____

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

Signature _____

Name to appear in Bravo _____

I wish to remain anonymous. Please don't list me in Bravo.

or give online:
www.alliedartsrc.org

CUT HERE

