

**ARTS NORTH CAROLINA
108 S BLOUNT ST
RALEIGH NC 27601
919/834-1411 - 919/839-6002 (FAX)**

Name _____

Business _____

Address _____

City _____

State _____

Zip _____

County _____

(circle one)

(Home/Work) Phone _____

Cell _____

E-mail Address _____

Web Site _____

Amount	Level
\$100	Basic Business Membership
\$250	Operative
\$500	Advocate
\$750	Champion
\$1,000	Leadership Council

TOTAL SUPPORT FOR 2010-11 \$ _____

ALL DONORS OF \$1,000 OR MORE ARE MEMBERS OF THE ARTS NORTH CAROLINA LEADERSHIP COUNCIL

How do you wish your name and business name to be listed for recognition purposes?

- _____
- I wish for my gift to be anonymous
 My gift is eligible for a matching gift by: _____

Payment Options:

- Please make all **checks** payable to ARTS North Carolina, 108 S Blount St, Raleigh NC 27601
- Charge to:** Visa MasterCard American Express Discover
Card Number: _____ Exp. Date: _____
- Please send me a reminder of my **pledge:** Quarterly Annually Other: _____
What month(s)? _____

Signature _____ Date: _____

All gifts to ARTS North Carolina are fully tax-deductible as outlined by the IRS