

MEMBERSHIP

Name (Please print): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

I/We wish to become a member of the Arts Center of Saint Peter at the level indicated below:

I/We wish to renew my/our membership for 2008 at the level indicated below:

Student, \$20

Adult, \$40

Family, \$60

Contributor, \$75

Business, \$75

Patron, \$150

Single Lifetime, \$750

Family Lifetime, \$1000

Check or money order enclosed Visa MasterCard

Card Number: _____ Name on card: _____

Expiration Date: _____ Signature: _____

Return by December 5, with payment, made payable to the Arts Center of Saint Peter, to: Arts Center of Saint Peter, 315 S. Minnesota Ave., St. Peter, MN 56082

OVER FOR ANNUAL FUND DONATION

ANNUAL FUND

- Up to \$99 / Friend \$100-\$499 / Bronze \$500-\$999 / Silver \$1,000 or more / Golden
- Check here if you wish to make quarterly payments for these two levels.
We will send you a quarterly reminder.

Name (Please print): _____ \$ _____
TOTAL DONATION

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

- My employer will match this donation. Required form is enclosed.
(Usually available at your company's Human Resources department). I wish to remain anonymous –
please do not print my name in the Annual Report.

Check or money order enclosed Visa MasterCard

Card Number: _____ Name on card: _____

Expiration Date: _____ Signature: _____ Date: _____

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OVER FOR MEMBERSHIP CONTRIBUTION