

1 Contact Information

NAME _____

ADDRESS _____ APT/CONDO # _____

CITY/STATE _____ ZIP _____

HOME PHONE _____ ALTERNATE PHONE _____

E-MAIL ADDRESS _____

ADDITIONAL NAMES (FAMILY LEVEL AND UP; USE A SEPARATE SHEET IF NEEDED)

2 Membership Options

- New member Renewal
- Gift membership (attach recipient's information)

I would like to join at the following membership level:

- Benefactor (\$1,000)
- Patron (\$500)
- Fellow (\$250)
- Friend (\$150)
- Family (\$75)
- Individual (\$50)
- Discount (\$30)
- Corporate membership**
- Chair (\$10,000)
- President (\$5,000)
- Executive (\$2,500)

- Please accept my additional donation of \$ _____
- in memory of in honor of _____
- My employer will match this gift (Please mail your employer's matching gift form to the Development Director, c/o Art and Culture Center, 1650 Harrison St., Hollywood, FL 33020).

3 Payment information

- Check attached* Visa
- Master Card American Express

ACCOUNT NUMBER _____ CSC # _____

AUTHORIZED SIGNATURE _____ EXP. DATE _____

*Make checks payable to the Art and Culture Center.

4 Agreement

I would be interested in information about:

- Docent program Volunteer opportunities
- Bequests and lifetime gifts (such as donations of cash and securities, real estate or tangible personal property, etc.)

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Questions? Call us at 954 921. 3274. Credit Card payments may be faxed (954. 921. 3273) or phoned (954. 921. 3274, ext. 235). You may also return this completed form in person to:

 **Art and Culture
Center of Hollywood**
1650 Harrison St.
Hollywood FL 33020
954. 921. 3274
954. 921. 3273 fax
ArtAndCultureCenter.org