

Friends of Charlotte Performing Arts Center Enrollment Form

Yes—I want to color my world! Please enroll me as a member of Friends of Charlotte Performing Arts Center at the indicated level:

My Contribution will be paid as indicated:

Check enclosed (make payable to "Friends of Charlotte Performing Arts Center")

Credit Card: *Visa, Master Card, Discover* (please circle)

Acct. # _____

Expiration Date: _____ *CVN _____

* 3-digit number on back of card

Yes, I work for a matching gift company:

(company name) Enclosed is the matching gift form.

Endowment Fund

I pledge (gifts of \$500 & above) a total of \$ _____,
of which \$ _____ is enclosed.

The balance will be paid as follows: (must be paid in full within 1 year)

\$ _____ Date _____

\$ _____ Date _____

\$ _____ Date _____

Name _____

Street Address _____

City, State, Zip _____

Home Telephone _____

Signature _____

Email: _____

Thank you

Please return to:

Friends of Charlotte Performing Arts Center
P.O. Box 447
Charlotte, MI 48813