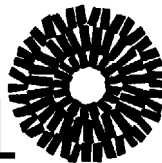


Print this form, complete, and mail with your donation. Thank you!

SPRINGFIELD ARTSCOUNCIL



PRINTABLE DONOR FORM

Your Name _____
(as it is to appear in program)

Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____

Enclosed is a gift of \$ _____ Check enclosed Please invoice me

Mastercard VISA card # _____ exp. _____

Please bill me for \$ _____ on (date) _____

Gift will be matched by _____

Donor Levels:

\$2500 + up **Grand Patron**

\$250 - \$499 **Benefactor**

\$1500 - \$2499 **Patron**

\$100 - \$249 **Partner**

\$750 - \$1499 **Producer**

\$10 - \$99 **Friend**

\$500 - \$749 **Associate**

Please send me information about:

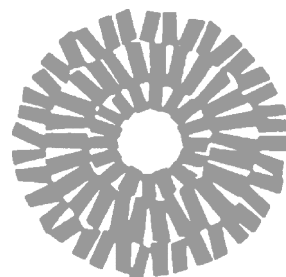
Being a volunteer

Veteran's Park Capitol Campaign

Sponsorship opportunities

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Please make checks payable to *Springfield Arts Council* and send to:

<p>SPRINGFIELD ARTSCOUNCIL</p> <p>P.O. Box 745 Springfield, Ohio 45501 attn. Office of Development</p>
