



**Can We Have Your Support?**

Now that we have seen all the things the Artists-in-the-Schools program can do for our children in Johnston County, can we count on your support for our Johnston County students for the seventh year of the program? **With YOUR help**, we can give Johnston County students the same opportunities to learn as other students in North Carolina and make Johnston County Schools the best in the State!

**Contribution Levels:**

|                      |          |
|----------------------|----------|
| Artists Inner Circle | \$10,000 |
| Platinum             | \$5,000  |
| Gold                 | \$2,500  |
| Silver               | \$1,000  |
| Bronze               | \$ 500   |
| Partner              | \$ 250   |
| Investor             | \$ 100   |

**Recognition:**

- ▶ Gold level contributors and above will receive special media recognition.
- ▶ Contribution level contributors will be listed in a press release to area newspapers.
- ▶ Contribution level contributors will be invited to an Artists-in-the-Schools Leadership Donors Reception to be held in the fall. Contributors will be recognized by giving level in the program.
- ▶ Contribution level contributors will have their name engraved on the Artists-in-the-Schools recognition plaque that will be given to Dr. Anthony Parker, Superintendent of Schools at the Leadership Donors Reception.

Please complete the Commitment Card and include your check made payable to **JCAC-Artists-in-the-Schools**, or if you wish, you may use your credit card (VISA, MC, AMEX). Mail to: Johnston County Arts Council, P.O. Box 1300, Clayton, NC 27528.



I want to support the Artists-in-the-Schools Program for Johnston County. Please accept my contribution as indicated:

- Artists Inner Circle (\$10,000 and up)    Platinum (\$5,000)    Gold (\$2,500)    Silver (\$1,000)  
 Bronze (\$500)    Partner (\$250)    Investor (\$100)    Other: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Payment Options**    Enclosed Check    Charge Card

Number: \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_