MEMBERSHIP FORM

- ❑ Yes! I wish to renew my membership
- ❑ Yes, sign me up as a new member!

Name: _____

Address: _____

_____

I wish to help strengthen and promote the arts in Johnston County by contributing as a:

- ❑ Donor $25
- ❑ Family $50
- ❑ Investor $100
- ❑ Partner $250
- ❑ Benefactor $500
- ❑ Distinguished Benefactor $1,000
- ❑ My employer has a matching gift program and will match my contribution

Method of Payment

- ❑ Check enclosed in the amount of _____
  Payable to the Johnston County Arts Council
- ❑ Please bill me one time.
- ❑ Please bill me quarterly.
- ❑ Please charge to my credit card.

Credit Card number: _____

Circle one: VISA MasterCard Amex

Expiration date: _____

Signature: _____

Mail to:
Johnston County Arts Council
P.O. Box 1300
Clayton, NC 27528