

# CARNEGIE ART CENTER MEMBERSHIP

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Area Code/Phone \_\_\_\_\_

Email \_\_\_\_\_

Yes I would like to receive updates, offers, invitations and announcements by email.

Yes I am interested in being contacted about volunteer opportunities.

## MEMBERSHIP LEVEL

Student/  Senior      \$20

Artist/  Individual      \$30

Family      \$35

Patron      \$85

Benefactor      \$125

Sustaining Member      \$1000

**Total Gift Enclosed \$** \_\_\_\_\_

Check is enclosed made payable to the Carnegie Art Center

Mastercard       Visa       Discover

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_

Cardholder's Signature:

\_\_\_\_\_