



ANNUAL MEMBERSHIP DRIVE

Personal

Business

Circle one: **Mr. Mrs. Ms.**
Dr. Mr. & Mrs. _____

Date _____

Business Name _____

New **Renewal**

Mailing Address _____

\$ _____

City _____ **State** _____ **Zip** _____

Contribution Amount

Phone _____ **Email** _____

\$5,000+ Sponsor

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\$1,000 - \$2,499 Contributor

\$500 - \$999 Patron

\$250 - \$499 Donor

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\$ _____ Other

Mastercard Visa Discover Check (payable to ACAC)

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Signature _____

Mail to: **Alamance Arts, 213 S. Main Street, Graham, NC 27253**
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