

Make A Gift, Make A Difference

ANNUAL CAMPAIGN 2008 - 2009

Yes!

I want to help the Community Arts Center continue to bring the arts to our Community.

I will contribute \$ _____

(Please print.)

NAME: _____

ADDRESS: _____

STATE: _____ ZIP: _____

CONTACT NAME: _____

(for businesses only)

PHONE: _____

EMAIL: _____

How would you like your name to appear in our season program:

PAYMENT METHOD:

Automatic withdrawal from my checking

(We will contact you for further information.)

Full payment enclosed:

Check enclosed VISA MasterCard

Card # _____ Exp. Date _____

Signature _____

Please process payment in full ___ quarterly

Send Quarterly Reminders

Please mail to: Community Arts Center
220 West Fourth Street Williamsport, PA 17701