



Angels of the Arts

# Membership/Donation Form

*Thank you for your support of the Angels of the Arts!*

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

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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 New Membership  Renew Membership  One time donation

Annual Membership Dues: \$50                      \$\_\_\_\_\_ Donation

Yes, please make this an annual recurring payment until I inform you in writing to cancel my membership. *(Annual dues will be charged in October each year and requires us to have a credit card number)*

Credit Card: \_\_\_\_\_ Check: \_\_\_\_\_ *(Payable to TOARTS)*

Total Amount Enclosed: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV : \_\_\_\_\_

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