



Annual Membership Gift Form

Gift Giver information:

Name: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please say the gift is from _____

Please send gift to Giver _____ Recipient _____

Gift Recipient information:

Name: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Membership Level : choose one

- \$35 Individual \$65 Professional Artist/Business \$250-499 Arts Patron
 \$55 Family \$100-249 Friend of the Arts \$500+ Arts Benefactor

Payment type:

- Check # _____ (made payable to Allied Arts of Whatcom County)
 Cash \$ _____ (amount enclosed)
 Bill my: VISA MC # _____ Expires: _____
 I would like to make an additional contribution of: \$10 \$15 \$25 \$ _____
 Bill the above credit card monthly Set up an automatic transfer from my bank

Signature _____

(For automatic transfer, please enclose a check for your first monthly donation, and sign this form. Automatic transfers from your checking account will begin the following month.)

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