

Yes! I want to	o support the	Ozark Arts	Council and	receive	periodic e-m	nails & mailings.
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Name as it should appear in print:		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

Membership

- □ I wish to join/renew my Ozark Arts Council Membership at the following level:
 - □ Individual \$25
 - □ Supporting \$50
 - □ Family \$100
 - Patron \$250
 - Principal \$500
 - Director \$1,000
 - Producer \$2,500

□ I do not wish to receive Membership benefits and prefer to donate the full amount to the OAC.

I I wish to give a **Gift Membership** at the following level:

- □ Individual \$25
- □ Supporting \$50
- □ Family \$100
- □ Patron \$250
- Principal \$500
- Director \$1,000
- □ Producer \$2,500

Gift Recipient's Name: _	
Mailing Address:	

City:	State: Zip:
Phone:	Email:
Please list my gift in the name of:	

TOTAL MEMBERSHIP ENCLOSED: \$_____

Enclosed is a check or money of the content of t	order made p	payable to: Ozark Arts Co	uncil
Please charge my D MasterCar	rd 🛛 VISA	Discover Card	
Card Number:		Expiration Date	2:

Please return this form and your contribution to the Ozark Arts Council.

~See Reverse for additional donation options



 I wish to give a tax-deductible Memorial Donation in the amount of \$				
 I wish to join the following Ozark Arts Council Member Organizations: Harrison Art League - \$25 The Theatre Company - \$5 				
 I wish to support the following with a tax-deductible contribution: Lyric Renovation Fund \$				
□ I wish to Adopt-A-Seat and have an engraved plaque placed on a seat in the theater. Number of Seats: x \$100 = Total Due:				
Plaques can be 3 lines with up to 20 characters & spaces per line. Please indicate the information you would like on your plaque:				
D I have remembered the Ozark Arts Council in my will or estate plan				

I have remembered the Ozark Arts Council in my will or estate plan
 I would like more information on how to remember the Ozark Arts Council in my will or estate plan

TOTAL DONATION ENCLOSED: \$_____

□ Enclosed is a check or money ord	er made p	ayable to: Ozark Arts Council	
□ Please charge my □ MasterCard	VISA	Discover Card	
Card Number:		Expiration Date:	

Please return this form and your contribution to the Ozark Arts Council.

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