

Columbus Arts Council Membership Form

Date:	Membership Levels
Name (as you would like to be listed in programs):	☐ Platinum \$1,000 +☐ Gold \$500 - \$999
Address:	☐ Silver \$200 - \$499☐ Bronze \$50 - \$199
City, State, Zip:	☐ Junior Member (6-18 years) \$20 ☐ Check (make checks payable to CAC) ☐ Cash ☐ Credit Card
Phone:Mobile:	
Email:	 Listing in all programs and on website. Discounted ticket prices on programs and events. 20% off Summer Camp Tuition. (only applies to Junior Members)
CVV Number Exp. Date (mm/yyyy) Name on Card Phone Number Billing Zipcode Please ser Column P.O. Box 869 Phone: 662-328	One-time gift Weekly (from date of first gift) Every Two Weeks from date of first gift) Monthly (1st of each month) Twice per month (1st and 15th each month) *Gifts will continue as indicated above until we receive notice from you and/or your credit/debit card expires. Date of First Gift Date of First Gift www.columbus, MS 39703 2878 Fax: 662-241-4089 sil.com www.columbus-arts.org
I understand that by accepting the benefits of membership I will only be able to claim a tax-deduction up to the amount allowable by law based on the amount of my contribution minus the value of the membership benefits.	