

## SGAAC MEMBERSHIP/ DONOR FORM

Memberships and donations are tax deductible. Memberships run from January 1 to December 31.

Date \_\_\_\_\_

Name \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

### MEMBERSHIP

I would like the following membership (check one):

\_\_\_\_\_ \$20 Individual

\_\_\_\_\_ \$30 Family

\_\_\_\_\_ \$50 Organization or Business

### GIFT MEMBERSHIP

\_\_\_\_ I would like to gift a membership to the following and have included the additional membership dues. (Please include their contact information so an acknowledgement can be made.)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Website (if artist) \_\_\_\_\_

### DONATIONS

My additional one-time donation is: \$ \_\_\_\_\_

My additional recurring monthly donation is \$ \_\_\_\_\_

(I understand that I will be contacted to set up a monthly donation online.)

### ARTIST LISTING

If you are an artist, you can choose to have your membership shown on our website's "Artist Member" page. Please indicate which information you would like shown with your listing (check all that apply):

\_\_\_\_ Address

\_\_\_\_ Phone

\_\_\_\_ Email

\_\_\_\_ Website

\_\_\_\_ Art Medium

### VOLUNTEER

Please call on me to help with (check all that apply):

\_\_\_\_ Fundraising

\_\_\_\_ Special Events

\_\_\_\_ Future Board Member

Checks may be made payable to Spring Green Area Arts Coalition and mailed to:

SGAAC  
PO Box 700  
Spring Green, WI 53588

Thank you!

[www.springgreenarts.org](http://www.springgreenarts.org)

