

MEMBERSHIP/DONOR FORM

Name _____

Business Name _____

Address _____

Phone Number _____

Email _____

Website _____

One-year, tax-deductible memberships are (check one):

___ \$10 Individual

___ \$15 Family

___ \$35 Organization or Business

My additional, tax-deductible donation is: \$ _____

If you are an artist, please indicate art medium:

If you would like to volunteer, please indicate area of interest: _____

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

SGAAC Today's Date:

PO Box 700 _____

Spring Green, WI 53588

Thank you!

www.springgreenarts.org

