



Select Gift Type:

- personal gift business gift

Name: _____
(as you would like to be listed)

Business: _____
(as you would like to be listed)

Check here if you would like for your gift to remain anonymous.

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

(cell) _____ E-mail: _____

Giving Levels:

Shakespeare-\$50,000

Mozart-\$20,000

DaVinci-\$10,000

Founder-\$5,000

Sponsor-\$2,500

Benefactor-\$1,000

Sustainer-\$500

Patron-\$250

Leader-\$100

Friend-\$50

Donor-up to \$49

Join the Applause!

Individuals who give \$1,000 or more to the Cabarrus Arts Council become members of the Applause Society. Special recognition and benefits are reserved for this exceptional group.

Annual Gift:

I would like to donate \$ _____.

- My check is enclosed, made payable to Cabarrus Arts Council.
- Please charge my Visa/MC/AmEx (circle one)
_____ Exp. _____.
- I will pay by December 31. The arts council will send reminders in August and December.
- Please contact me about paying my pledge with stock.

Matching Gift:

My company, _____, will match my gift.

Signed: _____

Date: _____

Gifts to the Cabarrus Arts Council are tax-deductible as outlined by the Internal Revenue Service.