



50 Mark West Springs Road, Santa Rosa, CA 95403 • Phone 707.527.7006 • Fax 707.545.0518

Benefactor's Circle Membership Form

I am pleased to make a tax deductible contribution to Wells Fargo Center for the Arts in the amount of \$_____ for Benefactor's Circle Membership at the level selected below:

- | | | | |
|--|----------|---------------------------------------|-----------|
| <input type="checkbox"/> Gold Club | \$1,500+ | <input type="checkbox"/> Headliner | \$7,500+ |
| <input type="checkbox"/> Encore | \$2,500+ | <input type="checkbox"/> Spotlight | \$10,000+ |
| <input type="checkbox"/> Director's Circle | \$5,000+ | <input type="checkbox"/> Center Stage | \$25,000+ |

Signature: _____ Date: _____

Please complete the following:

(Indicate the address where you wish to receive Benefactor's Circle correspondence)

Name/Organization: _____

Address: _____ City/State/ZIP _____

Home Phone: _____ Business Phone: _____

Email: _____

(To receive information about upcoming shows and events)

List my/our names as follows:

(If anonymous, please indicate)

Payment Information:

<p>I elect the following payment schedule:</p> <p><input type="checkbox"/> One payment</p> <p><input type="checkbox"/> Two payments</p> <p><input type="checkbox"/> Quarterly payments</p> <p><input type="checkbox"/> Monthly payments</p> <p>Installment Amount \$ _____</p> <p>First payment due by ____/____/____ (end of Month)</p>	<p>Payment Method:</p> <p><input type="checkbox"/> Stock Transfer _____ (financial institution)</p> <p><input type="checkbox"/> Check (payable to Wells Fargo Center for the Arts)</p> <p><input type="checkbox"/> Credit Card (please circle) VISA Master Card Discover AMEX</p> <p>Card No: _____</p> <p>Exp. Date: _____</p> <p>Signature: _____</p> <p>Credit card Address: Same as above <input type="checkbox"/></p> <p>If different: _____</p>
--	---

Thank you for supporting Wells Fargo Center for the Arts!

Enrich • Educate • Entertain
Connecting our Community Through the Arts

Accounting Code: _____	Development Department: Date _____ Initials _____
Solicitor: _____	Finance Department: Date _____ Initials _____