

Ozark Arts Council
Enriching Lives By Promoting The Arts
MEMBERSHIP FORM

Yes! I want to support the Ozark Arts Council and its member organizations.

Name as it should appear in print: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email: _____

I want to be a member at the following level:

Individual \$25 Family \$50 Supporting \$100 Sustaining \$300

Patron \$500 Director \$1,000 Producer \$2,500

I wish to support the Lyric Renovation Fund with a tax-deductible contribution of \$ _____.

I wish to Adopt-A-Seat for \$100 and have an engraved plaque placed on a seat in the theater.

Wording for plaque: _____

I want to give the gift of membership at the following level:

Individual \$25 Family \$50 Supporting \$100 Sustaining \$300

Patron \$500 Director \$1,000 Producer \$2,500

Gift Recipient's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email: _____

Please list my gift in the name of: _____

TOTAL ENCLOSED: \$ _____

Enclosed is a check or money order made payable to: Ozark Arts Council

Please charge my MasterCard VISA Discover Card

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I have remembered the Ozark Arts Council in my will or estate plan

I would like more information on how to remember the Ozark Arts Council in my will or estate plan



PLEASE RETURN FORM TO:
OZARK ARTS COUNCIL
P.O. Box 382
Harrison, AR 72602
Every donation, regardless of the amount, is appreciated!