

**YES! I want to become a member. Please use my contribution to sustain Willcox Theater and Arts artistic, education and community programming. I would like to enjoy the benefits of membership at the level indicated below:**

(See bottom half of page for monthly payment alternative)

Supporter..... \$25 - \$99  Friend..... \$100 - \$249   
 Sponsor..... \$250 - \$499  Program Partner..... \$500 - \$999   
 Artist Amigo..... \$1000 - \$2499  Sustaining Benefactor..... \$2500+

Payment Method:

Cash  Check (payable to Willcox Theater and Arts)  Card  Securities

**If Cash or check simply enclose your payment in the envelope. If securities please call 520-766-3335 at your nearest convenience. If Card submit your card information bellow:**

\_\_\_\_\_ Visa  American Express  Mastercard  Discover   
 No. \_\_\_\_\_ Exp \_\_\_\_\_ CCV \_\_\_\_\_  
 Name on Card \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Single contribution amount: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**YES! I would rather gift a sum of money the first week of each month!**

Monthly gift amount:

\_\_\_\_\_ Visa  American Express  Mastercard  Discover   
 No. \_\_\_\_\_ Exp \_\_\_\_\_ CCV \_\_\_\_\_  
 Name on Card \_\_\_\_\_

\*By signing below, you authorize WTA to automatically process your gift as a secure credit card or direct debit transaction during the first week of each month (please include account information above). We will continue to process your monthly gifts until you ask to discontinue your participation, which you can do at any time by calling 520-766-3335.

**I HAVE READ, UNDERSTOOD, AND ACCEPT THIS AGREEMENT:**

**Signature:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Return your donation and this form to PO Box 217 Willcox AZ 85644