



ART LEAGUE OF HILTON HEAD Donation Form

I/We would like to support The Art League of Hilton Head with our gift to the:

- Scholarship Fund
 General Fund

of: By check: \$ _____ payable to: The Art League of Hilton Head

By credit card: \$ _____

Credit Card Information: Visa Mastercard Card # _____

Exp. Date: _____ Security Code: _____ Signature: _____

Name(s): _____ Phone: _____

Address: _____ Email: _____

City/State: _____ Zip Code: _____

If your gift is at least \$45 for an individual or \$80 for a family, you will automatically become a member of the The Art League of Hilton Head for this calendar year (Membership runs through December 31st each year).

If you wish to be a member, please complete the additional information below:

- | | | | | |
|--------------------------|----------------------------|--------------------------|--------------------------|------------------|
| <input type="checkbox"/> | New Member | <input type="checkbox"/> | Renewal | _____ |
| | | | | Date |
| <input type="checkbox"/> | Art Master (3-year pledge) | \$1,000/year | | |
| <input type="checkbox"/> | Benefactor | \$ 1,000 | <input type="checkbox"/> | Patron \$ 150 |
| <input type="checkbox"/> | Angel | \$ 500 | <input type="checkbox"/> | Family \$ 80 |
| <input type="checkbox"/> | Sponsor | \$ 250 | <input type="checkbox"/> | Individual \$ 45 |

(contributions above basic dues may be tax-deductible)

- I would like to receive the Articulate and other mailings by email.
 You have my permission to include my email address in the Membership Listing.

Please enclose this form with your check or charge card information, and mail to:

Comments/Suggestions

Art League of Hilton Head
P. O. Box 22834
Hilton Head Island, SC 29925-2834

