



SHEMER art center



MEMBERSHIP / DONOR CONFIRMATION

Yes! We are interested in supporting the arts as a member or donor of the Shemer Art Center!

We would like to contribute at the \$ _____ Member / Donor Level!

Member/Donor Name _____

Address _____

City _____

Phone _____

Email Address _____

Please accept our donation of \$ _____

Payment options:

- Attached is our check, made payable to THE SHEMER ART CENTER & MUSEUM.
- Please invoice us.
- Please charge my ___ Mastercard ___ American Express ___ Visa ___ Discover

Card Member Name _____

Card Number _____

Exp Date _____

CVC Number _____

Signature _____

Date _____

How would you like your name to appear for your membership/donation?

Do not list our name as we wish to remain anonymous.

Thank you for helping us support the arts and the Shemer Art Center!