



2019 Membership Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Circle: Home Business Cell

Email _____

Donation Type: __Student __Individual __Family __Artist

PLEDGE \$_____

__ Send an invoice for payment

__ Divide my pledge into equal quarterly payments

__ Total pledge to be paid in: _____ (month)

__ My employer will match my gift. *(Please include your company's matching gift forms.)*

PAYMENT INFORMATION

CHECK

\$ _____ Check # _____

Make checks payable to the Arts Council of York County

CARD

\$ _____ Card # _____

Name on Card _____

Code # _____ Exp. Date ____ / ____

To make a donation in memoriam or an an honorarium, please contact the Arts Council directly.

FOR OFFICE USE ONLY: db____ ty____ qb____ tr____