

MEMBERSHIP



Helen Day
Art Center

YEARLY MEMBERSHIP FEES

___ Family/Dual (2 adults, children to age 18) \$75
___ Individual \$50

LIFETIME MEMBERSHIP FEES

___ Family \$750
___ Individual \$600

ADDITIONAL DONATION TO SUPPORT GENERAL OPERATIONS, INCLUDING BUS SCHOLARSHIPS:

___ Friend \$25 ___ Supporter \$100
___ Contributor \$50 ___ Donor \$500

Please indicate if you are an artist ___ Indicate if this is a new membership ___ or a renewal ___

Total Payable to Helen Day Art Center _____ *All contributions are deductible as allowed by law*

Card# _____ Expiration _____

Name _____ Address _____

City, State, Zip _____ Phone _____ E-mail _____

___ **Employer Contribution:** Indicate if your company will provide matching funds, and please include the appropriate form.

MAIL TO HELEN DAY ART CENTER, PO Box 411, STOWE, VERMONT 05672

WWW.HELENDAY.COM