

Louisa Arts Center
MEMBERSHIP FORM

Yes! I want to become a member of the Louisa Arts Center, or

Yes! I want to give a Gift Membership to _____
(Name of recipient)

Annual Membership Level is:

\$5000+ Builders Circle \$2500 Keystone \$1000 Patron
 \$500 Sponsor \$175 Contributing Friend \$50 Friend
 Other

I wish to contribute to the: Building Fund Alumni Art Education Room
 Engraved Brick \$150 Theater Seat \$500

New Member's Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Other (____) _____

Email _____

***If this is a GIFT MEMBERSHIP, the gift is given by:** _____

Address _____ City _____ State _____

Zip Code _____ Daytime Phone: (____) _____ - _____ Email _____

My check is enclosed in the amount of \$ _____.

Mail to: Attn: Membership, Louisa Arts Center, PO Box 2119, Louisa, VA 23093

Office Only: Rec'd on _____ By: _____