

Kentuck Membership Form

Mr/ Mrs/ Ms/ Mr & Mrs/ Dr

Name: _____

(As you would like it to appear on your membership card, in Newsletters and in the Annual Report)

- I am a **new** Kentuck member
- I am a **renewing** Kentuck member, but my information has changed

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Please send me information electronically.

MEMBERSHIP LEVELS

- | | |
|--|---|
| <input type="checkbox"/> \$20 The Artist | <input type="checkbox"/> \$ 350 The Patron |
| <input type="checkbox"/> \$50 The Individual | <input type="checkbox"/> \$ 500 The Contributor |
| <input type="checkbox"/> \$175 The Family | <input type="checkbox"/> \$ 1000 The Benefactor |
| <input type="checkbox"/> \$225 The Friend | <input type="checkbox"/> \$ 5,000 & Up The Director |

For additional giving opportunities, please call 205.758.1257

PAYMENT OPTIONS

A check payable to Kentuck for \$_____ is enclosed.

I would like to make an additional contribution of \$_____ for Kentuck:

- | | | |
|--|---|---|
| <input type="checkbox"/> Education Program | <input type="checkbox"/> Outreach Program | <input type="checkbox"/> Scholarship Fund |
| <input type="checkbox"/> Exhibitions | <input type="checkbox"/> Endowment Fund | <input type="checkbox"/> General Operating Fund |

Please charge \$_____ to MasterCard Visa

Account Number _____ Expiration Date _____ Signature _____
VIN# _____

Matching Gift Form enclosed Matching Gift Processing Center has been contacted

Employer _____

Spouse's Employer _____

Please contact me with information on the **Volunteer Program** **Teen Volunteer Program**

Additional comments: _____

