

MEMBERSHIP FORM



THE
CARSON
CENTER
FOR THE PERFORMING ARTS

Please complete this form with check or payment information on back or call us at 270.443.9932 to start or renew your Membership and/or to give to friends and family. Return by:

- Mail: The Carson Center
100 Kentucky Ave., Paducah, KY 42003
- Or bring form to The Carson Center Box Office

*Title (Mr./Mrs./Miss/Ms./Dr./Mr. & Mrs., etc.)

First name(s) _____

Last name(s) _____

Street Address or PO Box _____

City _____ State _____ Zip _____

Phone with area code (_____) _____

E-mail address _____

We use e-mail to notify you of advance opportunities to buy tickets and other Member information. Because tickets sometimes go on sale shortly after confirmation of a performance, e-mail may be the only way to notify you. We do NOT share our email lists. Thank you.

***If your gift level is \$250 or above, provide your name(s) above as you want to be listed in playbills, etc.**

SELECT YOUR MEMBERSHIP GIFT LEVEL:

Your gift is tax-deductible to the extent allowed (with exception of an optional benefit at the \$10,000 level.)

- | | | |
|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$2,500 |
| <input type="checkbox"/> \$1,500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$250 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$50 |

Please provide payment information on back.

MEMBERSHIP FORM

(continued from other side)

In addition to my Membership, I wish to provide a Gift Membership

at the \$ _____ level to:

Title (Mr./Mrs./Miss/Ms./Dr./Mr. & Mrs., etc.) _____

First name(s) _____

Last name(s) _____

Street Address or PO Box _____

City _____ State _____ Zip _____

Phone with area code (_____) _____

E-mail address _____

We will send a letter to the recipient(s), notifying them of your gift.

PAYMENT

Your Membership: \$ _____

Gift Membership(s) \$ _____

TOTAL: \$ _____

Payment Method:

Check enclosed, payable to The Carson Center

Visa Discover Mastercard American Express

Cardholder name _____

Card number _____

Expiration Date _____ Security Code _____