

Today's date _____

Name (as it should appear on the donor list) _____

I/We wish to remain anonymous

Street Address _____

City, State, Zip _____

I/We are making this donation ___ in honor of / ___ in memory of _____

Please indicate the amount of your donation:

Endower \$ _____

\$2000 or more

Benefactor \$ _____

\$500 - \$1999

Patron \$ _____

\$250 - \$499

Sponsor \$ _____

\$50 - \$99

Donor \$ _____

\$100 - \$249

Friend \$ _____

\$1 - \$49

Please mail checks, made out to Chandler Center for the Arts, to Becky McMeekin, Executive Director, Chandler Center for the Arts, 71-73 Main Street, Randolph, VT 05060

If you are paying by credit card: _____

Card-holder's name as it appears on the card

Visa MasterCard Card number _____ Exp date _____

Signature _____

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