

P.O. Box 1230 Bigfork, MT 59911

Yes, I woul	d like to su	uppor	t the Big	forl	s Cei	nter for the	•
Performing	Arts Foun	datio	n ("BCPA	F ") by	becoming a	ı
Supporting	Member	and	making	a	tax	deductible	•
donation in	the amoun	t indio	cated belo	w:			

\$?	75 (minimum	for an	individual	membership)
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↓ \$150 (minimum for a business membership)

		⊥ \$500 └─ \$1,000 └─	\$2.500 ∟	[]] \$5.000
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Other Amount \$	
Other Amount \$	

Enclosed is my/our check payable to the BCPAF for the amount indicated above or I/we are paying by Credit Card and have completed the credit card information below.

Date:

Donor's Name(s) [please print]

Address

Phone:

E-mail: ____

If making your donation by credit card, please complete the following:

AmExVisaMasterCardDiscover[Card type, please circle one]

[Name as written on card]

[Card Number]

[Expiration Date]

[Security Code]

\$

[Dollar amount of donation as indicated above]