

NEW YORK CITY CENTER MEMBERSHIP ENROLLMENT

Support City Center by becoming a member today!



YES, I accept the invitation to become a Member of New York City Center.

Mr. Ms. Mr. & Mrs. Other _____

NAME (S)

ADDRESS

CITY STATE ZIP

HOME PHONE BUSINESS PHONE

EMAIL

Enclosed is my contribution of:

- \$75 \$150 \$300 \$600 \$1,250 \$1,750
 \$2,500 \$5,000 \$10,000 Other: \$ _____

All contributions are tax-deductible, minus the fair market value of the benefits provided.

Please make my gift fully tax deductible; I do not wish to receive any membership benefits.

Please send information on including City Center in my long-term financial plans.

My check payable to New York City Center is enclosed in the amount of \$ _____

Please charge my gift of \$ _____ to my American Express MasterCard Visa

NAME

CARD NUMBER

EXPIRATION DATE SIGNATURE

My gift will be matched by employer.

COMPANY NAME

RATIO (please enclose a matching gift form)

THANK YOU!

Membership@NYCityCenter.org

NYCityCenter.org