

ENROLLMENT FORM

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

Mr. Ms. Mr. & Ms. Other _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (HOME) _____ (BUSINESS) _____

FAX _____ EMAIL _____

Enclosed is my contribution of:

\$65 \$100 \$250 \$500 \$1,000 \$1,500

\$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.

Please charge my: American Express MasterCard Visa

NAME ON CARD _____

CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____

My gift will be matched by my employer.

COMPANY _____

RATIO *(please enclose a matching gift form)* _____

THANK YOU!