

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

