

Contributor/Donation Form Please Print

Individual Business

Name

Address

Street

Add'l address information

City State Zip

Telephone: _____

Email Address:

Amt

Ind Contributor Supporter Patron \$ _____

Bus Contributor Sponsor Patron \$ _____

I do not wish to become a contributor at this time, please accept my donation \$ _____

Payment:

Check # _____ (enclosed)

Credit card:

Visa MasterCard Discover

Card no _____

Exp _____

Mail to:

Bower Center for the Arts

P O Box 713, Bedford VA 24523

www.bowercenter.org

Office/gallery hours: Wed-Sat 11AM-4PM

Questions: Call 540-586-4235 or

Email: bowercenter@gmail.com