

Be an **ARTS** p**ART**ner

NAME

ADDRESS

CITY, STATE & ZIP

HOME PHONE/ CELL PHONE

Email

This is a gift; recipient information:

NAME

ADDRESS

CITY, STATE & ZIP

HOME PHONE & CELL PHONE

Email

Gift card message: _____

Financial information about this organization and a copy of its
license are available from the
State Solicitation Licensing Branch at
919-807-2214.

This license is not an endorsement by the State.

COMMUNITY COUNCIL FOR THE ARTS — ANNUAL PARTNERSHIP CAMPAIGN



PARTNERSHIP LEVEL:**LEADERSHIP LEVEL:**

\$35 SENIOR (60+)/
STUDENT

\$50 INDIVIDUAL

\$100 FAMILY

\$250 DONOR

\$500 SPONSOR

\$1000 PATRON

\$1500 SUSTAINER

\$2500 BENEFACTOR

OTHER \$ _____

PAYPAL AT WWW.KINSTONCCA.COM

Visa M/C Exp. _____ CSV _____

ACCOUNT NUMBER

SIGNATURE

I authorize CCA to charge my credit card in monthly installments in the amount of \$ _____ for my annual partnership on the _____ (day) of each month.

I authorize CCA to automatically renew my partnership in February 2019.



COMMUNITY COUNCIL FOR THE ARTS

PO Box 3554 • 400 N. Queen Street, Kinston, NC 28501
252-527-2517 • www.kinstoncca.com