



MAIL IN DONATION FORM

Thank you for ***Being the Missing Piece!***

Use this form to provide your financial support by check. Complete the required information and print this form. Mail the form and your check to this address:

Cultural Arts Center Charleston
2070 Sam Rittenberg Blvd, Suite A-112
Charleston, SC 29407

Make checks payable to:
Charleston Performing Arts Center

Office Use Only

Received: _____

Entered: _____

Follow Up: _____

CONTACT INFORMATION (Print Clearly)

First Name

Last Name

Address

Apt/Suite

City

State

Zip

Email

Phone

INVOLVEMENT OPTIONS

☐ I Want to Become a "Better Together Society" Member!

Society Members enjoy engaging benefits that vary by the level joined. These include complimentary tickets, discounts, advance notice of ticket sales and events, and invitations to special events throughout the season.

- ☐ \$500 - Samaritan
- ☐ \$1,000 - Arts Advocate
- ☐ \$2,500 - Benefactor
- ☐ \$5,000 - Founding Member

☐ I want to be a CACC Community Member!

Your support is greatly appreciated with a hearty THANK YOU from CACC's Creative Team and excellent perks that last the whole season.

- ☐ \$150 minimum donation
- ☐ Other: _____

☐ I want to provide a General Donation

Amount: ☐ \$50.00 ☐ \$75.00 ☐ \$75.00 ☐ Other: _____

Frequency: ☐ One-Time ☐ Monthly ☐ Every 3 Months ☐ Every 6 Months ☐ Annually

If you choose a recurring donation, how would you like your donation deducted?

- ☐ Same day as written on my check
- ☐ The 1st of the month
- ☐ The 15th of the month

RECOGNITION OPTIONS

☐ By first and last name ☐ Anonymously ☐ In Honor / Memory Of (circle one): _____

☐ As: _____