



artistic directors jamey hampton + ashley roland

Annual Membership Donation—Credit Card

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Please list my gift under the following name/s in donor appreciation listings:

(We accept gifts in memoriam or in honor of someone special as well)

Total Gift Amount:

- \$100
- \$250
- \$500
- \$1,000
- \$2,500
- Other \$ _____

My Gift is a pledge to be paid in full by December 2008. Please bill my credit card: Card # _____ Exp. Date _____

Monthly (must be \$25 or more a month)

Start Date: _____ End Date: _____

Quarterly (Must be \$25 or more a month)

Start Date: _____ End Date: _____

Semi-Annual

First Amount _____ Second Amount: _____

First Date: _____ Second Date: _____

My Gift will be matched by my company:

Form Enclosed Form will be sent from _____

Signature: _____ Date: _____

Thank You for your kind support of BodyVox!

BodyVox is a tax-exempt organization under section 501 (c) (3) of the Internal Revenue Code of 1986, and qualifies as a match for your gift to the Oregon Cultural Trust. No items or services were provided in response to your gift; therefore, your contribution to BodyVox is tax deductible to the extent permitted by law.