

1. Contact Details

Primary Contact:					Birthday:
Address:		City:		State:	Zip:
Cell Phone:	Home Phone:		Email:		
Secondary Contact:					Birthday:
Address:		City:		State:	Zip:
Cell Phone:	Home Phone:		Email:		
☐ Check here to opt-in to rec	eive text messages ab	oout <i>Friends</i> at the	e cell phone	number listed	d above.
Your <i>Friends</i> Dona	ation				
		•• / 1		`	
I want to make the following the state of th	_			•	
☐ Monthly denotion* of \$					
☐ Monthly donation* of \$☐ Quarterly donation* of \$		-		•	
Quarterly donation of \$_	On the 🗆 i	or 🗀 15" day or e	every startic	niii starting _	
Method of Payment (ple	ease check one)				
☐ Check, payable to Walton	Arts Center				
☐ Credit/Debit Card: Card No	D			_ Expiration	CVV
☐ Bank Draft Information: E	Bank Name:	Routing No		Accoun	t No
☐ I will request funds to be tra	ansferred via Stock Tr	ransfer from			
\square I will request funds to be tra					
Gifts directed from Donor A all tangible benefits box bel		•		-	do not check the decline
all tallyble belletts box bell	ow, we will be contact	ing you about yo	ui perielits t	ayırı c ııı.	
Benefit Options					
\square Please note gifts of \$600 o					
decline tangible Friends benefi	ts (<i>Friends</i> Lounge and	d Parking) and ma	ake this gift	fully tax-dedu	ctible.
Recognition in OnStage	e and Friends We	ebpage			
Please indicate how you would	d like to be listed:				
☐ Check here if you do not w	ant to be listed in the	OnStage progran	n or on the A	<i>Friends</i> webpa	ge.
Annual Auto Renewal C	Ontion				
	_	sianing to war accord	av damatian	au tamatia allu	
☐ By checking here, I give Wathat my payment will continue	•		-	-	
renewal reminder one month p					
Double or even triple y	our investment v	vith a matchi	na aift!	-	
_					
☐ Yes, I will have a matchin	ig giπ. iviy ⊑mpioyer is	o			
Signature:				D:	nte: / /