

ARTSQUEST[™] circle

STEP-UP PROGRAM

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone(day) _____ (evening) _____ Email _____

Date of Birth (MM-DD-YYYY) _____

Name(s) as to be listed in recognition _____

I/We wish to remain anonymous.

Year 1	Year 2	Year 3
\$1,900	\$2,200	\$2,500

Donors will have an opportunity annually to determine if they'd like to continue in the program.

I/We will join the ArtsQuest Circle Step-Up Program.

Check enclosed (made payable to ArtsQuest) \$ _____

Please bill me/us: Monthly Quarterly Annually

Please charge: Visa MasterCard American Express

Please charge my card: Monthly Quarterly Annually

Installment start date _____ / _____

Card number _____ Exp. date _____ / _____

Name on card _____ Security code _____

My/Our employer will match my/our gift. Name of employer: _____

Signature _____ Date _____ / _____

THANK YOU! Your gift is making a difference!

Make checks payable to ArtsQuest

Please Return to: ArtsQuest, Attention: Advancement Department, 25 W. Third St. Bethlehem, PA 18015

Questions? Please contact: membership@artsquest.org