



Membership Form

Four easy ways to join:

1. Join online at www.puppet.org
2. Fax this completed form to 404.881.5179 with your credit card number
3. Mail this completed form with your check to: Center for Puppetry Arts, ATTN: Membership Office, 1404 Spring Street NW, Atlanta, GA 30309-2820 USA
4. Call the Membership Office at **404.881.5151**

Your name (Mr./Mrs./Ms./Miss/Dr.) _____

Spouse/Partner Name (Family level and above only) _____

I do do not wish to be listed in Center materials

Name as you wish to be listed in Center materials _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email (your email address will always remain private) _____

* Stay up-to-date on Center events and receive special offers

I want to be a Member at the following level:

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual (\$45) | <input type="checkbox"/> Sustainer (\$250) | <input type="checkbox"/> Director (\$2,500) |
| <input type="checkbox"/> Family (\$75) | <input type="checkbox"/> Benefactor (\$500) | <input type="checkbox"/> Producer (\$5,000) |
| <input type="checkbox"/> Sponsor (\$150) | <input type="checkbox"/> Impresario (\$1,000) | <input type="checkbox"/> Trustee's Circle (\$10,000 and up) |

I wish to make an additional contribution of:

- \$25 \$50 \$100 \$250 \$500 Other _____

I want to give the GIFT of a Center Membership at the following level:

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual (\$45) | <input type="checkbox"/> Sustainer (\$250) | <input type="checkbox"/> Director (\$2,500) |
| <input type="checkbox"/> Family (\$75) | <input type="checkbox"/> Benefactor (\$500) | <input type="checkbox"/> Producer (\$5,000) |
| <input type="checkbox"/> Sponsor (\$150) | <input type="checkbox"/> Impresario (\$1,000) | <input type="checkbox"/> Trustee's Circle (\$10,000 and up) |

Gift Recipient's Name (Mr./Mrs./Ms./Miss/Dr.) _____

Spouse/Partner Name (Family level and above only) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email _____

The Center Makes Matching Gifts Easy!

Your matching gift may entitle you to the next level of Membership.

My employer will match my contribution. Employer _____

Please attach your Matching Gift form or contact your employer's Human Resources Department for assistance.

TOTAL ENCLOSED* _____ *including Membership, additional contribution, and/or Gift Membership

Enclosed is a check or money order made payable to the Center for Puppetry Arts.

Please charge my: MasterCard VISA American Express Discover Card

Card Number _____ Expiration _____ Name as it appears on card _____

I would like to waive the taxable portion of my Membership benefits to make my entire gift tax-deductible.

I have remembered the Center in my will or estate plan.

I would like information on how to become a member of the exclusive Paladin Society and remember the Center through my estate planning.

Thank you!