

# Marblehead Festival of Arts

## Individual/Family Contributor

### CHECK ONE

- |  |   |
|--|---|
| <input type="checkbox"/> \$1,000 Angel     | <input type="checkbox"/> \$150 Guardian     |
| <input type="checkbox"/> \$750 Conservator | <input type="checkbox"/> \$90 Supporter     |
| <input type="checkbox"/> \$500 Benefactor  | <input type="checkbox"/> \$65 Contributor   |
| <input type="checkbox"/> \$350 Promoter    | <input type="checkbox"/> \$35 Friend        |
| <input type="checkbox"/> \$250 Patron      | <input type="checkbox"/> _____ Other Amount |

### PLEASE PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name as you wish it to appear in the Festival Program  
and/or Web site. If the following line is blank, then the  
name above will be used. \_\_\_\_\_

### PAYMENT METHOD

- Check, payable to *Marblehead Festival of Arts*       Credit Card (MC/VISA)

MC/VISA Number \_\_\_\_\_ Exp. Date (mm/yyyy) \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

Mail this completed form, with check or credit card information, to Marblehead Festival of Arts,  
P.O. Box 331, Marblehead, MA 01945-0331.