



Arrowhead Arts Association Donation Form

- New Donor
 Existing Donor

First name: _____ Last name: _____

Phone: _____ Email: _____

Street Address: _____

Street Address 2: _____

City: _____ Region/State/Province: _____

Zip Code: _____

Select a donation option:

- GRAND BENEFACTOR \$5,000
 HONORARY BOARD MEMBER \$3,000 per year for 3-year commitment
 BENEFACTOR \$2,000
 PATRON \$1,000
 SPONSOR \$500
 SUPPORTER \$250
 FRIEND \$100
 OTHER DONATION AMOUNT - Specify here: \$ _____

TO PAY BY CHECK: Please make your check payable to Arrowhead Arts Association.
PRINT FORM and Mail to: Arrowhead Arts Association, P.O. Box 1925, Lake Arrowhead, CA 92352

You may also go to: <https://www.arrowheadarts.org/member-application> to fill out the form and pay online by debit/credit card.

