

# ANNUAL MEMBERSHIP APPLICATION

**YES!** *I want a Performing Arts Center for Lake & Sumter Counties.*

**\$5**

I am a student (18 & Under).

**\$25**

I will receive a vote in the Annual meeting.

**\$75**

I get a vote and \$5 of my donation will be put into a 441 Center Scholarship Fund with the LSCC Foundation.

**\$100**

I get a vote and \$10 of my donation will be put into a 441 Center Scholarship Fund with the LSCC Foundation.

**\$500**

I get a vote and \$25 of my donation will be put into a 441 Center Scholarship Fund with the LSCC Foundation.

**\$1,000**

I get a vote and \$50 of my donation will be put into a 441 Center Scholarship Fund with the LSCC Foundation.

I am including an extra amount of \$\_\_\_\_\_ to be placed in the 441 Center Scholarship Fund.

Yes, I would like to volunteer. Please contact me.

Yes, I want to donate. Please contact me.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (     ) \_\_\_\_\_ WORK PHONE: (     ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

*Choose your membership level, make your tax deductible check payable to 441 Center and mail to:  
441 Center, 9501 U.S. Highway 441, Leesburg, FL 34788*



For more information call 352-435-5029 or fax 352-365-3528

Check the 441 Center website at:

**[www.441center.com](http://www.441center.com)**



# DONATION FORM

*Please support a  
Community and Performing Arts Center  
for Lake & Sumter Counties*

Complete your information below. This information is for our purposes only. Our preferred method of communication is through e-mail. Please know that we will not sell our contact list(s).

*Please print*

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Please indicate your donation amount and method of payment:**

Cash\_\_\_\_\_

Check\_\_\_\_\_

Mastercard/VISA\_\_\_\_\_

Amount: \$25\_\_\_\_\_ \$50\_\_\_\_\_ \$100\_\_\_\_\_ \$250\_\_\_\_\_ \$500\_\_\_\_\_ Other:\_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ 3-digit code: \_\_\_\_\_  
(on back of card)

YOUR NAME: \_\_\_\_\_ YOUR SIGNATURE: \_\_\_\_\_  
(as it appears on card)

*Donations are tax deductible as permitted by the IRS.*

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