

Name _____

Address _____

Phone _____ Email _____

Check enclosed.

Bill my credit card.

Type _____ Card # _____

Exp ____ / ____ CSV _____

Send me an invoice. I would like my payments as follows: \$ _____ each month/quarter (*circle one*)

Date of first payment: _____

I am interested in the following opportunities with the Clayton Center for the Arts:

NAMED SPACE(S) - indicate preferred space:

A MAJOR BENEFACTOR – circle VIP Level: 1 2 3 4

NAMED SEAT(S) - indicate number of seats and name for each:

OUTDOOR PAVER(S) - indicate # of pavers and the inscription on each;

*Note: Limit two lines per paver; 14 letters/spaces per line.

OUTDOOR KIDS PAVER(S) - indicate # of pavers and the inscription on each;

*Note: Limit two lines per paver; 14 letters/spaces per line. You must also indicate age of each child; child must be 18 or younger.

ON-GOING SUPPORTER - indicate one: Patron Supporter Friend

Please complete this form and send to:

Clayton Center for the Arts

502 E. Lamar Alexander Parkway

Maryville, TN 37804-5907

FAX: 865.981.8190 Phone: 865.981.8264