

Become a member of The Florida Center for Performing Arts and Education and help build the stage for our Community's future!

In order to realize the goal of building a Performing Arts Center in Tallahassee, we need to reflect the strong community support that exists for this proposed project. We are asking that *you* add your name to the growing list of people who are in favor of building the Performing Arts Center, and funding it in great part as a project through the sale tax extension.

The Florida Center will give you and your family an impressive venue to enjoy all the performing arts has to offer. It will be a facility our city can take pride in, perfectly situated downtown to serve as a centerpiece for our cultural life. It will be specifically designed as the home for our local performing arts groups, such as our own professional symphony orchestra and ballet company. It will attract touring groups from around the country and the world.

Simply select a membership category, complete and return this form. You will be added to our distribution list for regular updates via an e-newsletter. Thank you!

Charter Member (*\$250 and up*) Amount enclosed: \$ _____

PACT* Member (*up to \$249*) Amount enclosed: \$ _____ **(Performing Arts Center Team)*

A Friend: In lieu of a donation at this time I will give you my contact information and email address.

Tell us why you are in favor of building a performing arts center: _____

Will you share names /contact information of friends you believe will be interested in supporting The Florida Center?

Your name(s) as you wish to appear in The Florida Center materials: (please print)

Street Address _____ Apt. / Suite # _____

City _____ State _____ Zip _____

Phone: _____ **Email :** _____ **(please print)**

Please make checks payable to: **The Florida Center for Performing Arts and Education, Inc.**

Mail to:
The Florida Center
1018 Thomasville Road, Suite 110
Tallahassee, FL 32303

Contact us at: (850) 597-8020
FAX: (850) 222-2575
Email: info@theFLCenter.org
www.theFLCenter.org

Credit Card Information

Name on Card: _____ Card Number _____

Card Type: Master Card Visa ---- Expiration Date: Month ____ / Year ____

Card Verification Number - Required: _____. (The last three digits on the signature line on back of your card.)

Amount of Contribution: \$ _____ Signature: _____