

Enroll me as a Four Rivers Cultural Center & Museum Partner:

Mr./Mrs./Ms./ /Dr. _____

Name (first, middle, last) or Organization Name

Spouse or Second Card Name (Family partnership and above)

Address _____ Email _____

City/State/Zip _____

Day/Business Phone # _____ Evening/Home Phone # _____

For Family Partnership:

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Indicate Partnership Choice:

- \$10 Student
- \$30 Individual
- \$50 Family
- \$150 Contributor
- \$300 Corporate
- Gift – Check here and the type of partnership
- New partner
- Continuing partner

Method of Payment:

- My check is enclosed (payable to 4RCC and Museum)
- Please charge my VISA MasterCard

Account # _____

Expiration Date _____

Signature _____

Gift Partnership:

Have a difficult person to buy for? How about an individual or family partnership? We will prepare a lovely certificate from you to the recipient.

Gift Recipient Name _____

Address _____

City/State/Zip _____



Preserving Cultural Traditions

There is also an opportunity to assist us in continuing to develop our multicultural venues: If you would like to contribute additional dollars to any of the following, please write the amount in the appropriate place. Or check a way you can help, if a dollar amount is not required.

I would like to assist you in the following ways:

_____ **FRCC's General Fund**

_____ **Collections/Interpretation**

_____ **Hikaru Mizu Garden**

_____ **Upgrading Technology**

_____ **Funds for traveling and local artist showings**

_____ **Enhanced Visitor Services**

_____ **Volunteer Service (12 hours a month makes you a card carrying partner with all rights of a paid individual partnership.)**

_____ **Other**

All donations are tax deductible.