



Annual Membership and *Circles of Giving* Pledge Form

Individual Membership

\$50

Family Membership

\$95

Member pricing for classes, performances, and facility rentals, a subscription to *Centerpieces*, our quarterly newsletter, advanced notice of events and personal invitations to all special events, weekly e-blasts with Center and event information, 10 percent discount at AOE Art Supplies.

Patrons' Circle

\$250 - \$499

All of the above, plus: recognition in Centerpieces Newsletter and CCC performance programs.

Champions' Circle

\$500 - \$999

All of the above, plus: 4 complimentary tickets to Jazz with Jim, and invitation to annual "Champions for Culture" Luncheon.

Ambassadors' Circle

\$1,000 - \$2,499

All of the above, plus: 2 tickets to our annual Masquerade Ball, 4 complimentary tickets to any center-presented show*, and your name added to the contributor's plaque in the front lobby.

VIP Circle

\$2,500 - \$4,999

All of the above, plus: 2 tickets to the Carrollwood Cultural Center Community Theatre summer production, "Call Ahead" VIP seating for you and a guest, private tour and discussion with the Executive Director, and 1 gift membership at the Family Level.

President's Circle

\$5,000 and above

All of the above, plus: 2 "President's Circle Season Tickets" for complimentary entry to all center-presented show*, private tour and discussion with the FCCC President and Executive Director, and 2 additional gift memberships to give at the Family Level (for a total of 3).

*Center-presented shows include shows presented by the CCC (Salerno, Jazz with Jim, CCC band and Chorus, etc.) and excludes rentals.

Please select:

I would like to join the _____ Circle/Membership for a \$_____ annual pledge.

I would like to contribute in other ways. Please accept my donation of \$_____ for _____ year(s).

Please contact me. I have other thoughts to share.

Contact Information:

Name: _____ Date: _____

Address/City/ State/ Zip: _____

Email: _____ Phone _____

Payment: Check enclosed VISA MasterCard Discover

I would like to make my payment as a one time or monthly payment – credit cards only
(\$_____ first Payment, \$_____ each additional monthly payment)

Account Number _____ Exp. _____ CSC Code _____ Billing Zip _____

Name on the Account _____ Signature _____

Make checks payable and send to: Carrollwood Cultural Center, 4537 Lowell Road, Tampa, FL 33618

Please contact Todd Dunkle for details at 813-269-1310 ext. 201 or todd@CarrollwoodCenter.org.