

Annual Membership and *Circles of Giving*

Individual Membership (1 person - 1 card) \$50

Family Membership (household - 2 cards) \$95

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

Patrons' Circle \$250 (or \$21/month)

Family Membership, plus: recognition in Centerpieces Newsletter and CCC performance programs.

Champions' Circle \$500 (or \$42/month)

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

Ambassadors' Circle \$1,000 (or \$84/month)

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 (or \$209/month)

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 (or \$417/month)

All of the above, plus: 2 "President's Circle Season Tickets" for complimentary entry to all center-presented shows*, 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 Sounds of Swing, Jazz with Jim, CCC Winds, MAS Community Theatre, CCC Chorus, and other non-rental performances.

Please select:

___ I would like to join the _____ Circle/Membership for a \$_____ contribution.

___ Please contact me. I have other thoughts to share.

Payment: ___ Check enclosed ___ VISA ___ MasterCard ___ Discover

I would like to make my payment as(check one): lump sum 12 monthly payments (*credit cards only*)

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

Name on the Account _____ Signature _____

Contact Information:

Name: Mr. Mrs. Ms. Dr. _____ Date: _____

Address/City/ State/ Zip: _____

Email: _____ Phone _____

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.