



GALLO CENTER
FOR THE ARTS

Corporate Patron

Contact Information:

Dr. Mr. Mrs. Ms.

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tel: _____ Work Tel: _____

E-mail: _____

I want to be a Gallo Center for the Arts *Corporate Patron* at the following level:

Gold - \$10,000 Silver - \$5,000 Bronze - \$1,000 Other \$ _____ (min. \$1,000)

Payment Method:

Enclosed is a check payable to **Gallo Center for the Arts** in the amount of \$ _____

Please charge \$ _____ to my: Visa MasterCard AmEx

Account # _____ Exp. _____

I understand that 50% of my commitment is considered tax-deductible, and 50% will be placed into a prepaid hospitality fund that can be used for the following: tickets and subscriptions to Center-presented programs, and facility rentals at a 10% discount. Any amount remaining in my hospitality fund after 12-months from the date below will be accepted by the Center as an additional tax-deductible contribution.

Signature: _____ Date: _____

For **public recognition**, please use the following name:

THANK YOU!

Please mail or fax this form to:

Gallo Center for the Arts

1000 I Street • Modesto, CA 95354 • (209) 338-5032 – PH • (209) 338-5006 – FX

www.galloarts.org