



**Contribute Now!**

*Please complete this form and mail or fax it along with your contribution to:*

**American Dance Festival  
Box 90772  
Durham, NC 27708-0772  
Fax: 919.684.5459**

Dr./Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

E-mail \_\_\_\_\_

(Please include your email to receive information more quickly.)

**Please print your name(s) exactly as it should appear in the ADF playbill:**

\_\_\_\_\_

**I'd like to donate to the ADF at the following level:**

- |                               |             |                                  |            |
|-------------------------------|-------------|----------------------------------|------------|
| <input type="radio"/> \$15    | Contributor | <input type="radio"/> \$2,500    | Pacesetter |
| <input type="radio"/> \$50    | Associate   | <input type="radio"/> \$5,000    | Leader     |
| <input type="radio"/> \$100   | Friend      | <input type="radio"/> \$10,000   | Producer   |
| <input type="radio"/> \$250   | Partner     | <input type="radio"/> \$25,000   | Benefactor |
| <input type="radio"/> \$500   | Supporter   | <input type="radio"/> \$50,000   | Pioneer    |
| <input type="radio"/> \$1,000 | Exemplar    | <input type="radio"/> \$100,000+ | Champion   |
| <input type="radio"/> Other   | _____       |                                  |            |

**Corporate matching funds qualify for higher membership levels. My gift can be matched by the following organization:**

\_\_\_\_\_

**Please include corporate matching gift form.**

**Method of Payment:**

- |  |                                  |
|--|----------------------------------|
| <input type="radio"/> Check (payable to ADF) |                                  |
| <input type="radio"/> AMEX                   | <input type="radio"/> Mastercard |
| <input type="radio"/> Visa                   | <input type="radio"/> Discover   |

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card Billing Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_