

**BFAC ENDOWMENT FUND****BFAC ENDOWMENT FUND TOTAL** ▶ _____**BFAC MEMBERSHIP / OPERATING & MAINTENANCE FUND DRIVE**

- Individual \$10 - \$99 (\$10 min. per person) _____ memberships x \$ _____ = \$ _____
- Century \$100 - \$499 Patron \$500 - \$999 Sponsor \$1,000 - \$4,999
- Benefactor \$5,000 - \$9,999 Sustaining \$10,000 or more

BFAC O&M TOTAL ▶ _____**BRAZOSPORT ART LEAGUE**

- College Student \$5 Friend of the Arts \$50
- Artist-Single \$40 Exhibit Sponsor \$375
Before Sept. 1, 2009 \$35
- Artist & Family \$45 Life \$1,000
Before Sept. 1, 2009 \$40

ART LEAGUE TOTAL ▶ _____**BRAZOSPORT CENTER STAGES**

- Individual \$75 Benefactor \$500
- Patron \$150 Life \$2,100
- Sponsor \$300 Additional donation for Audience Development & Educational Outreach \$ _____

CENTER STAGES TOTAL ▶ _____**BRAZOSPORT MUSEUM OF NATURAL SCIENCE**

- Individual \$10 Benefactor \$100
- Family \$20 Sustaining \$250
- Patron \$50 Life \$1,000

MUSEUM TOTAL ▶ _____**BRAZOSPORT PLANETARIUM**

- Individual \$25 Show Sponsor \$350
- Family \$35 Life \$1,000
- Patron \$50 Other Tax Deductible Contribution _____
- Sponsor \$100

PLANETARIUM TOTAL ▶ _____**BRAZOSPORT SYMPHONY ORCHESTRA**

- Member \$55 Other Tax Deductible Contribution _____
- Subscriber \$110 **BSO Seating Preference:**
- Patron \$190 First Choice: Row _____ Seat _____
- Benefactor \$400 Second Choice: Row _____ Seat _____
- Maestro \$1,000
- Concert Underwriter \$2,500
- Flex tickets \$60

SYMPHONY TOTAL ▶ _____**GRAND TOTAL ALL MEMBERSHIPS (in dollars)** ▶ _____**PLEASE PRINT • RETURN THIS ENTIRE PAGE IN ENVELOPE PROVIDED**

MEMBERSHIP PERIOD September 1, 2009 - August 31, 2010

NAME (s) _____
(As you wish to be listed on programs or in directories)

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE Home () _____ Work / Cell (circle one) () _____

E-Mail _____ This is a Business Membership I would like to receive BFAC and/or Member Organizations newsletters by e-mail.**MAKE CHECKS PAYABLE TO: The Center • 400 College Blvd. • Clute, TX 77531** Total payment enclosed 1 / 4 Payment enclosed; I agree to pay the remainder in 3 consecutive months (We'll send reminders) Charge to MasterCard / Visa / Discover (circle one) • #: _____Signature _____ Exp. Date _____ Verification code _____
(Last 3 numbers on back of card)

We rely on you to keep your addresses current with us. Call 979-265-7661 • thecenter@bcfas.org