

Council of 100 Membership

Yes, I would like to support the Council of 100 in its underwriting of the Distinguished Woman Artist Award and the continuing expansion of opportunities for women artists.

NAME _____

ADDRESS _____

CITY _____

ZIP _____

EMAIL: _____

_____ \$50 Supporter _____ \$100 Patron _____ \$250 Philanthropist *

_____ Additional support for the brochure/catalogue \$ _____ (Please Specify Amount)

Payment Method:

___ My check payable to the **Council of 100** is enclosed.

___ Please charge: ___ VISA ___ MASTER CARD

Card Number: _____ EXP. Date: ____/____

NAME ON CARD: _____

PHONE (H) _____ (W) _____

BILLING ZIP CODE: _____

* *Name recognition on the Museum donor wall, special invitation to artist's studio reception.*

Please submit completed application and your payment to:

*Council of 100
Fresno Art Museum
2233 N. First Street
Fresno CA 93703*

Fax: 559-441-4227

Questions? Please call the Museum at 559-441-4221