

YES! I want to be a **PAGE TURNER**.

Please find enclosed my contribution of:



___\$50

___\$100

___\$250

___\$500

___Other

Name: _____ Phone: _____

Billing Address: _____ City/State/Zip: _____

Email: _____

Credit Card# _____ Exp: _____ CVV#: _____

Make checks payable to: **Ashe County Arts Council**