



Director's Circle Membership Form

Donor Information (please print or type)

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone (preferred) _____

E-Mail (preferred) _____

Payment Information

Annual membership is \$1,000 (Director), \$2,500 (Composer), or \$5,000 (Producer):

I pledge a total of \$_____ to be paid: _____ now _____ quarterly _____ semi-yearly

I plan to make this contribution in the form of: _____ cash _____ check _____ credit card
_____ other (specify _____)

Credit Card Type: _____ MasterCard _____ VISA _____ American Express

Credit Card Number _____ Expiration Date _____

Authorized Signature _____

Gift will be matched by _____
(company/family/foundation): _____ form enclosed _____ form will be forwarded

Please make checks or other gifts payable to: BMFA

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

Or check this box _____ if you wish to have your gift remain anonymous.