

*Yes, I want to become a member of the Rochester  
Art Center Corporate Circle.*

- ASSOCIATE .....\$250 - \$499
- CONTRIBUTOR .....\$500 - \$999
- PATRON .....\$1,000 - \$2,499
- GUARANTOR .....\$2,500 - \$4,999
- PREMIER PARTNER .....\$5,000 AND ABOVE

COMPANY NAME: \_\_\_\_\_  
*(as it should appear in printed acknowledgements)*

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PAYMENT: Amount \$ \_\_\_\_\_

- Check enclosed *(Payable to the Rochester Art Center)*
- Visa                       Mastercard

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

*Return this form with payment to: Corporate Circle, Rochester Art  
Center, 40 Civic Center Drive SE, Rochester, MN 55904  
Telephone: (507) 282 - 8629*