



CONTRIBUTION FORM

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION.

NAME: _____

(How you wish your name to appear in the program.)

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PLEASE INDICATE YOUR CONTRIBUTION BELOW:

_____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1000
_____ \$OTHER (Contributions at the \$500 and above level become members of FRIENDS OF DANCE.)

PAYMENT METHOD:

_____ CHECK PAYABLE TO DANCE AFFILIATES

_____ PLEASE CHARGE MY CREDIT CARD

CIRCLE CARD CHOICE: AMEX / DISCOVER / MASTERCARD / VISA

CARD NUMBER: _____

EXP. DATE: _____ / _____

NAME AS IT APPEARS ON CARD: _____

AUTHORIZED SIGNATURE: _____

_____ I'VE ATTACHED MY EMPLOYER'S MATCHING GIFT FORM

_____ I WISH TO REMAIN ANONYMOUS

PLEASE RETURN THIS FORM TO: DANCE AFFILIATES/NEXTMOVE DANCE
DEVELOPMENT DEPARTMENT
4701 BATH STREET, 46B
PHILADELPHIA, PA 19137-2235

The official registration and financial information of Dance Affiliates may be obtained from the PA Department of State by calling toll-free within PA: 1 (800) 732-0999. Registration does not imply endorsement.