

**Chippewa Valley Cultural Association, Inc.
Heyde Center for the Arts**



Membership Form

Thank you for becoming a member of the Chippewa Valley Cultural Association (CVCA)!

Name: _____ Date: _____

Address: _____

City, State: _____ Zip Code _____

Telephone: _____ Email: _____

Membership category: Individual \$20, Family \$30, Business \$50, Sustaining \$500,
 Patron \$1,000, Benefactor \$2,000

I would also like to add \$ _____ as a tax-deductible gift.

Make checks payable to:
Chippewa Valley Cultural Association, Inc.

Mail to:
CVCA Membership
3 S. High Street
Chippewa Falls, WI 54729

Please charge my credit card [AMEX, Discover, Mastercard, Visa]

Credit card number: _____ Exp date: _____ CVV: _____

Billing Address (if different from above): _____

Automatic Withdrawal Form

For those members wishing to sign up for automatic withdrawals from their credit card, please read the following and sign below.

I hereby authorize the Chippewa Valley Cultural Association, Inc. to initiate automatic credit/debit account payment according to the amounts and time intervals noted below. This authorization is to remain in effect until revoked by me in writing by the 5th day of the month that I cancel the authorization.

Amount: _____ Effective Date: _____ Monthly/Annual/Other (circle one) _____

Signature: _____ Date: _____