

I want to help



re-open its doors!

_____ \$50 _____ \$100 _____ \$200
_____ \$500 _____ \$1000 _____ Other (specify amount)

Inquire about building feature naming opportunities, or ask for other types of donor recognition.

Your Name: _____

Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Telephone : _____

Method of Payment: _____ Check/Money Order _____ Credit Card

Credit Card#: _____ Expiration Date: _____

Type (Visa, AmEx, etc.): _____ Name on Credit Card: _____

Do you wish to remain anonymous? ___ Yes ___ No

Signature: _____

Send or drop off form to:

Brookline Community Center for the Arts
327 Saint Paul Street, Apt. 2
Brookline, MA 02446

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