

COMMITMENT TO CREATIVITY SPONSORSHIP FORM

Your Information:

YOUR NAME	
YOUR ADDRESS	
CITY/STATE/ZIP	
PHONE:	
ALTERNATE PHONE	
PRIMARY EMAIL	
ALTERNATE EMAIL	

Yes! I want to become an Artist Advocate. I will be making by contribution by:

THE ARTISTS INFORMATION:

Artist's Name	
Artist's ID Number	

Please select one of the following payment options:

- Monthly contribution of \$42/month for 12 months beginning on this date: _____
- Yearly Contribution of \$504/year

Please take my contribution by:

- Check (attached)
 Or use one of the following:
 Visa Mastercard AMEX Discover

Name on Card: _____
 Account Number: _____
 Expiration Date: _____
 VPN Number: _____

OFFICE USE ONLY:

Date Received:
 Advocate Number Assigned:
 First Contribution Date To Be Posted By:
 Processed by:

PLEASE READ CAREFULLY:

I understand that this contribution will be deducted monthly from my credit card or I will send a personal check monthly for my Commitment to Creativity. If I choose to end my commitment, I will notify Hattie Larlham 30 days prior to my commitment ending.

Signature: _____
 Date: _____

Send to: Phylliss Steiner, Director of Creative Arts, Hattie Larlham Community Living,
 9772 Diagonal Road, Mantua, OH 44255.