



Return Form To:
Mariposa County Arts Council
P.O. BOX 2134 Mariposa, CA 95338

Membership Renewal Form

Name _____ Date _____

Mailing Address

Email _____ Phone _____

Select a support level

Annual Membership

\$40 \$75 \$100 \$200 \$500 Custom (over \$500) _____

Monthly Membership

Card Payment Only - Automated Subscription

\$5 \$10 \$20 \$30 \$40 Custom (over \$40) _____

Check Included

Payable to Mariposa County Arts Council

Cash Included

Amount: _____

Card Payment

Cardholder Name

Billing Address _____ Zip Code _____

Card # _____ Exp. _____ CVC _____