



Payment Form: Membership, Donation, Sponsorship

Membership Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information (please check)

I (we) pledge a total of \$_____ to C.J.S. and receive benefits entitled to that corresponding membership level.

I have included this contribution in the form of:

____ money order ____ check ____ other

____ I (we) wish to have our gift remain anonymous.

If you desire the **sponsorship benefits** associated with the **CEO** or **Producer** member levels, please contact a committee member for details and arrangements. We are excited to partner with your business and can provide a flexible range of services.

Your member level will automatically be determined by the amount of your contribution. For detailed descriptions of member level benefits, questions or comments, please visit www.CharlotteJazz.org

Please make checks, corporate matches, or other gifts payable to:

Charlotte Jazz Society
P.O. Box 25804
Charlotte, NC 28229-5804