

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you interested in volunteering?: \_\_\_\_\_

- Founder
- Benefactor
- Art Critic
- Family
- Single
- Student

Mark the appropriate box and return this card with your check to:

Community Arts of Elmira, Inc.  
413 Lake Street  
Elmira, NY 14901-2202

**Please fill out this form and return it to the address shown above. All unrestricted donations are tax deductible. Thank you for your support.**