



# SPOTLIGHT MEMBERSHIP SIGN UP FORM

<p><b>MEMBERSHIP LEVELS</b></p> <p><input type="checkbox"/> \$2,500</p> <p><input type="checkbox"/> \$1,000</p> <p><input type="checkbox"/> \$500</p> <p><input type="checkbox"/> \$250</p> <p><input type="checkbox"/> \$125</p> <p><input type="checkbox"/> \$65</p> <p><input type="checkbox"/> I decline my membership benefits, but would like to support the Kauffman Center with a gift of \$_____</p>	<p><b>PAYMENT OPTIONS</b></p> <p><input type="checkbox"/> Enclosed is my check for \$_____ payable to the Kauffman Center for the Performing Arts Mail to: 1601 Broadway Boulevard, Kansas City, MO 64108</p> <p><input type="checkbox"/> Please charge \$_____ to my credit card today. <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Card Number _____</p> <p>Expiration Date _____</p> <p>Name on Card _____</p> <p>Signature _____</p> <p><input type="checkbox"/> Please contact me about a gift at another level.</p> <p><input type="checkbox"/> Please contact me regarding a matching gift from my employer.</p> <p><input type="checkbox"/> Please send me more information about Ensemble, the Kauffman Center's business membership program.</p>
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**NEW MEMBERSHIP INFORMATION**

Address below is my billing and mailing address.  
(If you have a different mailing address please provide that in the last box below.)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_  mobile  home  office

Preferred listing for public acknowledgements \_\_\_\_\_

No, thank you. I prefer to remain anonymous.

**MAILING ADDRESS**

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Kauffman Center for the Performing Arts**  
**1601 Broadway Boulevard**  
**Kansas City, MO 64108**  
**816.994.7220**

