



Kelly Fitzpatrick Memorial Gallery

Individual or Business Name

Contact Name (if applicable)

Address

City State Zip Code

Phone

Email Address 1

Email Address 2

MEMBERSHIP FORM

Thank you for your support of The Kelly! For questions about different membership levels, please visit www.thekelly.org or email lyndafain@gmail.com.

Please check your membership level:

- | | |
|--|---|
| <input type="checkbox"/> \$5000 – Kelly Fitzpatrick Finest | <input type="checkbox"/> \$250 – Advocate of the Arts |
| <input type="checkbox"/> \$2500 – Fitzpatrick Fellow | <input type="checkbox"/> \$100 – The Kelly's Friend |
| <input type="checkbox"/> \$1000 – Kelly Benefactor | <input type="checkbox"/> \$50 – Kelly Supporter |
| <input type="checkbox"/> \$500 – Patron of the Arts | <input type="checkbox"/> \$100 – Artist Associate |

Please check your membership level

PAYMENT METHOD

- Check Enclosed (Please make checks payable to **The Kelly** and mail to: P. O. Box 641 Wetumpka, AL. 36092)

- Visa MasterCard Discover American Express

Cardholder Name (as it appears on card) _____

Card Number _____ Exp. Date _____

Signature _____ Amount Paid _____