

Membership Registration Form

Name:	Date:		
Address:			
City, State: Zip:			4
2022 FAB Couples Membership			\$2250.00
100% of your donation is tax deductible)			
Spouse's Name:			
Spouse's			
Email:P	hone:		-
would like to make an additional donation to FAB: _	\$\$		
Please indicate how you would like your name printe	d when your gift is	recognized:	
_ I would prefer to remain anonymous: ☑Yes ☑No	(Circle One)		
Please make this gift in honor of (optional):			
	Total D	onation: \$	
Please indicate preferred payment method:	k ☑ Credit Card	☑ Other:	(Circle One)
Credit Card #:	_Expiration Date: _		_CVC:

Make your check payable to: Funding Arts Broward 1350 E. Sunrise Blvd., Suite #110 Fort Lauderdale, FL 33304

 $pay \ by \ credit \ card \ electronically: \\ \underline{https://www.paypal.com/donate/?hosted \ button \ id=L2AHHEPM5Z2KG}$

ARTS BROWARD, INC. REGISTRATION #CH16211, IS REGISTERED WITH THE STATE UNDER THE SOLICITATION OF CONTRIBUTIONS ACT. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Funding Arts Broward is a tax-exempt organization pursuant to Section 501(c)3 of the Internal Revenue Code, as amended. EIN is 20-0151317.