



COUNT ME IN! I'll join/renew with a **membership**

\$2,500 \$1,000 \$500 \$250 \$200/100 \$50

I'LL TAKE IT HIGHER!

and add a **tax-deductible contribution** of:

\$1,000 \$500 \$250 \$100 Other: \$ _____

This is an annual commitment for 2020 2021 2022

Full Name: _____

Email: _____

Phone: _____

Address: _____

City/Town: _____ State/Province: _____

Zip/Post Code: _____ Country: _____

Memberships are partially deductible
View a list of benefits or make a tax-deductible contribution
online at at **www.danceforpd.org/support**.

PAYMENT INFORMATION

Check Enclosed. [Make payable to Mark Morris Dance Group
with Dance for PD in the memo line.]

Credit Card: MC Visa AmEx

I'd like to make a monthly recurring gift.

Please charge my card \$ _____ each month.

Card Number: _____

Exp. Date: _____ Sec. Code/CVV: _____

Cardholder Name: _____

Billing Address: _____

City/Town: _____ State/Province: _____

Zip/Post Code: _____ Country: _____

Please list my gift as "Anonymous"

This gift is in honor/memory of _____

I have/would like to name the Mark Morris Dance Group's Dance for PD® program in my estate plans. Please contact me about Legacy Society giving (bequests, gift annuities, charitable trusts, beneficiary designations).