

Cultural Alliance of York County

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www.CulturalAlliance-York.org



Cultural Alliance
of York County

The Art & Soul of York County

Business

Company Name _____

Contact Name (Including prefix) _____

Title _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail Address _____

Please post the following on the Cultural Alliance web site:

E-mail Address: _____

Web site: _____

Marquis Society

Name (Including Prefix) _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail Address _____

I wish to remain anonymous

I wish to be recognized in published lists as follows:

(Please print name as you would like it to appear)

Minimum \$600 investment to be recognized by agencies. All gifts recognized by CAYC.

Total	Payment	Balance
Pledge \$ _____	Enclosed \$ _____	Due \$ _____

(Make checks payable to: Cultural Alliance of York County)

Date to be billed: _____

Charge my: VISA MasterCard Discover American Express

Card Number _____

Expiration Date _____

Security Code _____

Name as it appears on card
Billing Address: _____

Street _____

City _____

State _____

Zip _____

Contributions may also be made at: www.CulturalAlliance-York.org

Authorized Signature _____

Date _____

Solicitor

Cultural Alliance of York County wants you to be confident in your charitable giving. Our official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania 1.800.732.0999. Registration does not imply endorsement.