

# Yes, I'd like to... join! renew!

NAME \_\_\_\_\_

NAME (of additional subscriber at same address, if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

CHECK ENCLOSED

PLEASE BILL MY VISA/MC

cardholder signature
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CREDIT CARD# \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

___ FRIEND	@ \$75	
___ DIRECTOR	@ \$300	
___ PRODUCER	@ \$450	
___ BENEFACTOR	@ \$1,300	
___ SUSTAINER	@ \$2,500	
___ TOTAL SUBSCRIPTIONS	TOTAL ENCLOSED	\$

## RETURN TO:

Northwest Film Center

Portland Art Museum

1219 SW Park Avenue

Portland, OR 97205

Tel: (503) 221-1156

Fax: (503) 294-0874

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## I'd like to give a gift subscription!

Please include billing information above and the recipient's information below.

### SUBSCRIPTION LEVEL:

\_\_\_ FRIEND \_\_\_ DIRECTOR \_\_\_ PRODUCER \_\_\_ BENEFACTOR \_\_\_ SUSTAINER

### SHIPPING INFO:

\_\_\_ SEND GIFT TO RECIPIENT'S ADDRESS (BELOW) \_\_\_ SEND GIFT TO BILLING ADDRESS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

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# THANK YOU

## FOR YOUR SUPPORT!