2022 Lexington Arts Council Patron Form

Payment Information Form (please print)						
Patron Name:						
Address:						
City, State, Zip Code:						
Email Address:						
Telephone No:						
If paying by credit card, please complete the section below						
VISA/MasterCard/AmEx No:						
Expiration Date: CVV Code:			Amount to	Amount to be charged: \$		
Name on Credit Card (please print):						
Billing Address (full address):						
Cardholder Signature: Date:						
2022 Lexington Arts Council Patron Benefits						
Category	Amount	Bach Program Listing*	Friday Concert	Saturday Concert & Afterglow*	Sunday Concert	
Emera l d	\$1000+	Х	Four tickets	Four tickets	Four tickets	
Diamond	\$500+	Х	Three tickets	Three tickets	Three tickets	
P l atinum	\$350+	Х	Two tickets	Two tickets	Two tickets	
Gold	\$150+	X		One ticket	One ticket	
☐ I wish to be an Arts Advocate and receive no patron benefits for the following donation \$						
*Please note the 2022 Afterglow location is TBD.						
*Please list name(s) in program as follows:						
Complete this form and include the following information for desired method of payment: Mail to: Lexington Arts Council P.O. Box 434 Lexington, MI 48450						

Inquiries: call 810-359-8917

Total Amount Enclosed: \$____

or 810-987-8833

Pledge – I pledge \$____ and will submit my check.

Check or Money Order included, made payable to Lexington Arts Council