

FRIENDS OF THE GALLERY

Without the support of community leaders and members, the Robert T. Wright Community Gallery of Art could not exist. Whether you want to help guide tours, volunteer at *ARTcetera* or make a donation, we need you!

If you love the arts and enjoy participating in fundraising activities, the Friends of the Gallery is for you. You will be involved in opening night receptions, the Holiday Art Sale and other exciting events. Your annual membership will entitle you to:

- Invitations to opening night receptions
- A 10% discount at *ARTcetera*, the Robert T. Wright Community Gallery of Art and the Holiday Art Sale
- Receive an additional 10% off during our special sales
- Advance notice of CLC Foundation events

ARTIST'S MEMBERSHIP

If you are an artist, we have a special gallery membership for you. For \$30 a year, you can join and receive all the benefits listed above AND...

- Exhibit one work in the annual Members Exhibition
- Discounted entry fee for annual Recent Works competition
- Special workshops targeted for artists

GIFT MEMBERSHIPS

Looking for that unique gift? Give a membership to the Friends of the Gallery. A card will be sent to the recipient announcing your gift.

VOLUNTEER OPPORTUNITIES

Your help is needed, even if you are unable to make a donation. Your time is valuable to us! We need help guiding tours, working at *ARTcetera* and much more. Please designate in the appropriate place that you are interested in volunteering, and we will contact you. *Thank you!*

FRIENDS OF THE GALLERY REGISTRATION

Please enter my membership at the following level:

- Student - \$15
 Artist (age 18 or older) - \$30
 Regular - \$30
 Patron - \$50 Life Member - \$2,500*

* For further information on this unique opportunity call (847) 543-2091

PLEASE PRINT

Name _____

Address _____

City _____

State _____

Zip _____

Daytime Phone _____

Evening Phone _____

- Please send a gift membership to:

Name of recipient _____

Address _____

City, State, Zip _____

Sign gift card _____

Your name _____

Address _____

City, State, Zip _____

Day Phone _____

Gift Category _____

Total enclosed \$ _____

- Check/Money Order

Please make check payable to:

College of Lake County Foundation

- Please charge my VISA MasterCard

Discover American Express

Account number _____

Expiration Date _____

Security code (nos. on back of credit card) _____

Signature _____

- I am interested in volunteering.*

Please contact me.

Please return this form to:

College of Lake County Foundation Office

19351 West Washington Street

Grayslake, IL 60030-1198