

## Black Swamp Arts Council Support form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Donation amount:

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$75    \_\_\_\_\_ \$100    \_\_\_\_\_ \$150

\$ \_\_\_\_\_ Other

I would like to become more involved with BSAC through being a:

\_\_\_\_\_ Board member

\_\_\_\_\_ Class instructor

\_\_\_\_\_ Activities Volunteer

**Please make your tax deductible check to:**  
Black Swamp Arts Council (or BSAC)

**Mail to:**  
Black Swamp Arts Council  
P.O. Box 452  
Archbold, Ohio 43502