

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

CREDIT CARD# _____ EXPIRATION: _____

___ FRIEND	@ \$60=	
___ DIRECTOR	@ \$250=	
___ PRODUCER	@ \$400=	
___ BENEFACTOR	@ \$1200=	
___ 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

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

SHIPPING INFO: ___ SEND GIFT TO RECIPIENT'S ADDRESS (BELOW) ___ SEND GIFT TO BILLING ADDRESS

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

DAY PHONE _____

E-MAIL _____

THANK YOU
 FOR YOUR SUBSCRIPTION,
 FOR YOUR SUPPORT!