

Yes! I'll help Protect and Shape the Champlain Valley Festival's future!

Name _____

Address _____

City/Town _____ State/Province _____ Zip code _____

Email _____ Telephone _____ Today's Date

Please make out your check to **Champlain Valley Festival** and mail it to us at
PO Box 3, Ferrisburgh, VT 05456-0003

Donation Amount: _____

(CVF is a 501(c)3 organization and your donations are tax deductible to the extent provided by the law. Please remember to ask whether your employer has a matching funds program.)

CVF Membership: _____

(Members receive a 10% discount on tickets to the festival and designated CVF events)

Individual **\$25**

Family **\$35**
(Households, including children 18 & under)

Total Amount Enclosed: _____

**Yes! I'd also like to help build the Champlain Valley Festival Community as a
volunteer:** **At the Festival** _____ **Throughout the year** _____

Champlain Valley Festival, PO Box 3, Ferrisburgh, VT 05456-0003 . . . 877-850-0206
Web site: www.cvfest.org **Email:** info@cvfest.org