

SMoCA | salon

Yes, I would like to join the SMoCA Salon

I would like to join \$2,500 SMoCA

I would also like to contribute with a tax deductible gift to SMoCA \$_____ Total \$_____

First Name: _____ Last Name: _____

2nd Name: _____ Last Name: _____

Address: _____

City/State/AZ: _____

Phone: _____ Email: _____

Enclosed is my check made payable to SMoCA or please charge my Visa MC AmX

_____ credit card number

_____ expires

_____ authorized signature

Please fill out this form:

Mail your application to SMoCA Salon, 7380 E. 2nd St., Scottsdale, AZ 85251 or

Fax to 480.874.4655 or

Phone in your application to 480.874.4671

If you have any questions or would like more information, please contact Alexandra Moquay at 480.874.4671 or email alexp@sccarts.org. After joining the SMoCA Salon, you will receive a Tax receipt letter and a calendar of scheduled events. SMoCA Salon events are scheduled from September 2010 to May 2011.