

MEMBERSHIP FORM

Check those that apply:

- New Donor
- Renewing Donor
- Membership Number (if known): _____

Name/Organization Name

Address

City State ZIP

Telephone Number

E-mail Address

For individual members, check one:

- Student/Volunteer \$10
- Individual \$20
- Family \$35
- Supporter \$100-\$499
- Patron \$500-\$999
- Lifetime \$1,000
- Other \$_____

Contribution will be matched by the corporate matching gift program at:

Company Name

Please enclose appropriate forms with this application or contact your employer's office for details.

For businesses and organizations, check one:

- Civic/Community Service Organizations \$100-\$499
- Business Sponsor \$500-\$999
- Partner \$1,000-\$4,999
- Patron \$5,000-\$9,999
- Lifetime Benefactor \$10,000 and up