

The Arc of Mower County Membership Form



NEW RENEWAL

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Home) _____ (Cell)

Email Address: _____

Birth date: _____ / _____ / _____

- I would like to receive the newsletter by email. (Please provide your email address above)
 I would like to volunteer at The Arc of Mower County. Please send me more information on how I/we can get involved.

If you are related to a person with a disability, please provide the following:

Name: _____

Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Home) _____ (Cell)

Email Address: _____

Birth date: _____ / _____ / _____

- I would like to receive the newsletter by email. (Please provide your email address above)
 I would like to volunteer at The Arc of Mower County. Please send me more information on how I/we can get involved.

Please check the appropriate box:

- Individual - \$30.00
 Family - \$45.00
 Organization - \$100.00
 Contributor - \$250.00
 Benefactor - \$500.00

I/We would like to make a donation of:

\$ _____

In Honor of: _____

In Memory of: _____

Tell Us Your Interest:

- Self-Advocate
 Parent
 Family
 Professional
 Friend
 Interested Citizen

Please use this gift for:

- Building Maintenance Fund
 Campership Fund
 General Fund
 Scholarship/Activity Fund
 Program Sponsor
 Fundraiser Sponsor

MAIL COMPLETED FORM AND PAYMENT TO:
The Arc of Mower County, 401 2ND Ave NE, Austin, MN 55912