

Your Support Makes the Difference!



Name: _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Home) _____ (Cell)

Email Address: _____

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

Membership Rates:

- Individual with I/DD - \$30.00
Person With Disability
- Individual - \$35.00
Person Without Disability
- Household - \$50.00
- Business/Organizations - \$150.00

Payment (Circle One):

- Cash
- Check
- Credit/Debit Card:
Card # _____ - _____ - _____ - _____
Expiration Date: _____/_____
3 Digit Security Code: _____
Billing Zip Code: _____

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: _____

Thank you for joining The Arc Mower County. Your membership means something. It is through our members that we are able to provide services such as Advocacy, Special Olympics, People First Aktion Club, Vacation Opportunities and Our Place Recreation Center.

Your membership dues and donations are deductible to the fullest extent of the law.

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