

Start Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Membership/Contribution Form

Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Membership/Contribution:

\$25 Individual x \_\_\_\_\_ = \$ \_\_\_\_\_

\$100 Corporate

\$ \_\_\_\_\_ Endowment Fund

\$ \_\_\_\_\_ Contribution to The Arc

\$ \_\_\_\_\_ Total Amount Enclosed

Please make checks payable to The Arc of Calhoun County

Checks can be mailed to: 44 W. Michigan Avenue,  
Battle Creek, MI 49017

#### For Office Use Only

Date Received: \_\_\_\_\_

Individual Member

Corporate Member

Letter Dated: \_\_\_\_\_

Supporter Window Sticker

Supporter Window Sticker

Supporter Magnet

Framed Membership Certificate

Payment Method:

Renewed Membership Certificate

Cash

Delivery Method for Items:

Check (Check# \_\_\_\_\_)

Mail

Online

In Person

*\*Annual Membership gift given at Annual Event*