

Contribution/Membership Form

Print this out and send the completed form to:
Kate McGuire, The Arc of Baltimore
7215 York Road, Baltimore, MD 21212-4499
Or call 410-296-2272 x5238

Yes, I would like to contribute to The Arc of Baltimore and become a member.

Name(s) _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____

E-mail _____

CHECK GIFT AMOUNT

_____ Basic Membership \$25 _____ Benefactor \$50-\$99 _____ Patron \$100-\$249

_____ Sponsor \$250-499 _____ President's Associate \$500+

CHECK GIFT PAYMENT METHOD

_____ Visa _____ Mastercard _____ Check enclosed

Card Number _____ Exp.Date _____

Cardholder's Name _____

Signature _____

CLASSIFICATION OF MEMBER

_____ Self-Advocate

_____ Interested Citizen

_____ Parent/relative of a person with developmental disabilities

_____ Professional in the field of developmental disabilities

**To make a special memorial or tribute gift to honor someone,
please see the next page to complete with additional information.**

The Arc of Baltimore Special Gift Form for Memorials and Tributes

_____ Yes, I want to give a special gift in memory of someone special.

Name of person being memorialized:_____

Name and address of individual/family to notify of memorial gift:

OR

_____ Yes, I want to make a special gift in tribute of someone special

Name of person being recognized:_____

Birthday_____ Anniversary_____ Other_____

Address of person being recognized for notification letter
