

I will proudly be a member of The Arc of Rensselaer County!

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Additional names (must be 18 years of age, include address if different from above)

Please indicate number:

# People	x \$10/Individual	=	\$
# People	x \$Free/Self-adv	=	\$0.00
# People	x Free/Staff	=	\$0.00

I'd like to make an additional contribution to support the programs & services of The Arc:

_____ \$500 _____ \$250 _____ \$100
_____ \$50 _____ \$25 _____ other

My total contribution with Membership:

\$ _____

Check Credit Card (MasterCard or Visa)

Name on card: _____

Billing zip code: _____

Card number: _____

Expiration: _____ Security code: _____

Signature _____

Please mail with payment to:
The Arc of Rensselaer County
79 102nd Street, Troy, NY 12180
You may also pay online at www.renarc.org