

# The Waldemar Ager Association

## Membership and Donation Form



Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

### **Membership**

NEW membership or RENEWAL membership (Circle one)

Membership Level (Circle category below - all memberships are annual, except Life Memberships)

General: \$25    Sustaining: \$50    Supporting: \$100    Life Member: \$1000

Other: (Indicate amount) \$ \_\_\_\_\_

### **Donation**

Please indicate how you want your donation used:

\$ \_\_\_\_\_ Endowment Fund      \$ \_\_\_\_\_ General Fund      \$ \_\_\_\_\_ Siding/Painting/Roofing Fund

Total Donation: \$ \_\_\_\_\_

In MEMORY of, or in HONOR of (please circle one if it applies and list the name here):

If your donation is "in memory of", or "in honor of", please list the name(s) and contact information here of the person(s) you would like to be notified of the donation:

### **Amount Summary**

Membership amount: \$ \_\_\_\_\_

Donation amount: \$ \_\_\_\_\_

Total amount enclosed \$ \_\_\_\_\_

**Thank you for your support of  
The Ager Association!**

(Make checks payable to **The Ager Association**, and mail to P.O. Box 1742; Eau Claire, WI 54702-1742)