

# 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 LIFE 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 LIFE 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 LIFE 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: LIFE Mower County, 401 2<sup>ND</sup> Ave NE, Austin, MN 55912