

MEMBERSHIP APPLICATION

The Arc of Rappahannock
P.O. Box 1690
Stafford Va 22555
Helping People with Intellectual Disabilities Since 1953

Please send with your check (payable to Arc of Rappahannock).
Dues and contributions are tax deductible.

Name _____

Address _____

City _____ State: _____ Zip _____

Phone (____) _____

Email: _____

Check One:

Individual or family	\$25	_____	Patron	\$100	_____
Contributor	\$50	_____	Benefactor	\$500	_____
Friend	\$75	_____			

Enclosed find a gift of \$ _____

_____ A memorial gift (to honor the deceased)
In memory of _____

_____ An honor gift (to honor the living)
In honor of _____

Please acknowledge this memorial/honor gift to:

Name _____

Address _____

City _____ State: _____ Zip _____