

## Yes! I Want To Make A Difference...

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I have included my membership dues in the amount of \$25.00. \_\_\_\_\_

I decline the invitation for membership; however here is my donation of:

\_\_\_\_\_

Please circle your preferred payment option:

Check

Credit Card:            Visa            or            Mastercard

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different from above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Membership includes affiliation with Arc/CT and Arc/US.**

**Send this form with payment or check payable to:**

**The Arc of Quinebaug Valley, Inc.  
687 Cook Hill Road  
Danielson, CT 06239**