

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)