



MEMBERSHIP APPLICATION



NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

Please check the amount you would like to contribute to the James L. Maher Center:

_____ \$1000 _____ \$500 _____ \$250 _____ \$100

_____ \$50 _____ \$25 _____ Other \$ _____

Donations of \$25 or more are entitled to full membership benefits including discounts at our Maher Garden Center!

CREDIT CARD PAYMENTS:

CARD # _____

EXP. DATE _____

SIGNATURE _____

Please make checks payable to:

The James L. Maher Center

Please mail Application and Donation to:

The James L. Maher Center

P.O. Box 4390

Attention: Development

Middletown, RI 02842