

# Friends of Will Rogers Membership Application

## YES! I WANT TO JOIN THE FRIENDS OF WILL ROGERS

Mr.  Mrs.  Dr.  Miss  Ms.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### MEMBERSHIP DESIRED:

- |   |   |
|---|---|
| <input type="checkbox"/> Will's Lariat of Friends \$1,000 | <input type="checkbox"/> Family \$45        |
| <input type="checkbox"/> Ambassador \$750                 | <input type="checkbox"/> Individual \$30    |
| <input type="checkbox"/> Communicator \$500               | <input type="checkbox"/> Senior Couple \$45 |
| <input type="checkbox"/> Performer \$250                  | <input type="checkbox"/> Senior \$25        |
| <input type="checkbox"/> Roper \$100                      | <input type="checkbox"/> Student \$20       |

I do not want any benefits so that my gift is fully tax-deductible.

I do want membership benefits and understand that any benefits received will reduce my tax-deductible gift.

My / Our gift is made in  memory /  honor of:

\_\_\_\_\_

### ENTER A GIFT MEMBERSHIP FOR:

Mr.  Mrs.  Dr.  Miss  Ms.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Gift card message: \_\_\_\_\_

Send renewal notice to:  Recipient  Me

Check made payable to Will Rogers Heritage, Inc, is enclosed.

My company provides matching gifts. I have enclosed necessary forms/information.

### PLEASE CHARGE MEMBERSHIP TO:

Visa  MasterCard  American Express  Discover

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Verification Code (last 3-digit number on the signature strip) \_\_\_\_\_

Signature \_\_\_\_\_

*Please mail or fax your membership application to:*

**Will Rogers Heritage, Inc.**

P.O. Box 2606

Claremore, OK 74018-2606

918.343.8119 (fax)

Visit [www.willrogers.com](http://www.willrogers.com) or call **800.324.9455** for more information.