



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 _____

FRIENDSHIP LEVEL DESIRED:

- Will's Lariat of Friends \$1,000
- Ambassador \$750
- Communicator \$500
- Performer \$250
- Roper \$100
- Family / Couple \$45
- Individual \$30
- Senior Couple \$45
- Senior \$25
- Student \$20

- I do not want any benefits so that my gift is fully tax-deductible.
- I do want friendship benefits and understand that any benefits received will reduce my tax-deductible gift.
- Our organization / corporate membership gift in the amount of \$ _____ is enclosed. We will receive organization / corporate recognition.

Gift is made in memory / honor (check one) of: _____

ENTER A GIFT FRIENDSHIP FOR:

Name (s) _____

Address _____

City _____ State _____ Zip _____

Gift card message: _____

Send renewal notice to: Recipient Me

- My check made payable to Will Rogers Heritage, Inc., is enclosed.
- My company provides matching gifts. I have enclosed the necessary forms.

PLEASE CHARGE 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 this form to:

Will Rogers Heritage, Inc. • P.O. Box 2606 • Claremore, OK 74018-2606
918.343.8119 (fax)

Visit willrogers.com or call **800.324.9455** for more information.