



\*Donation Date: \_\_\_\_\_

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

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

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\* Required

Please contact me about volunteer opportunities: Yes \_\_\_\_\_ No \_\_\_\_\_

Donation Level (please check as applicable):

\_\_\_\_\_ Basic Annual Membership: \$36 (\$18 if mailed after June 30th)

\_\_\_\_\_ Other donation amount\* (please indicate amount): \$\_\_\_\_\_

\*Please note that only donations above \$18 are eligible for FOR member benefits.

Please make your check out to Friends of the Ritz, Inc. and mail to

Friends of the Ritz, Inc.  
P.O. Box 247  
Toccoa, GA 30577

Friends of the Ritz, Inc. is an exempt organization as described in  
Section 501(c)(3) of the Internal Revenue Code; EIN 83-1800326.