



*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

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

*Please note that only donations above \$36 are eligible for FOTR 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.