

# *Kingwood Center*

## Membership Form

Complete address & phone number

name

address

city, state, zip

telephone (optional)

Please make checks payable to Kingwood Center.

Newsletter subscription only: \$15

**(or) Please enroll me in the following Annual Membership category:**

- |                                     |         |
|-------------------------------------|---------|
| <input type="checkbox"/> Member     | \$25    |
| <input type="checkbox"/> Friend     | \$50    |
| <input type="checkbox"/> Donor      | \$100   |
| <input type="checkbox"/> Patron     | \$500   |
| <input type="checkbox"/> Benefactor | \$1,000 |

CHECK     VISA     MASTERCARD

\_\_\_\_\_  
*Visa or MasterCard Number*

\_\_\_\_\_  
*Expiration Date*

\_\_\_\_\_  
*Signature*

*Thank You for your support!*



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT NO. 425 MANSFIELD, OH

POSTAGE WILL BE PAID BY ADDRESSEE

Kingwood Center  
900 Park Ave W  
Mansfield OH 44906-9945

