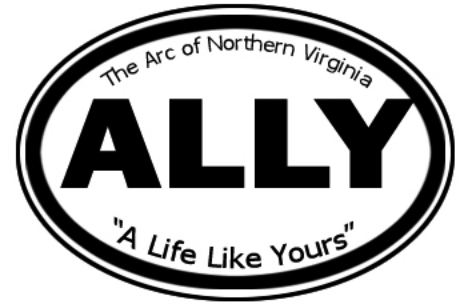




**I Want To Be a Member of The Arc of Northern Virginia!**



**My Check is Enclosed:**

**Basic:**

\_\_\_\_\_ \$25 Individual; \_\_\_\_\_ \$50 Preferred Basic

\_\_\_\_\_ \$60 Family; \_\_\_\_\_ \$5 Self-Advocate

**Supporting:**

\_\_\_\_\_ \$100 Individual; \_\_\_\_\_ \$150 Family

**Sustaining:**

\_\_\_\_\_ \$350 Individual; \_\_\_\_\_ \$500 Family; \_\_\_\_\_ \$750 Business/Corporate

**Community Steward:**

\_\_\_\_\_ \$1000 Individual; \_\_\_\_\_ \$1500 Family; \_\_\_\_\_ \$2000 Business/Corporate

**Investing in "A Life Like Yours":**

\_\_\_\_\_ \$10,000 Individual; \_\_\_\_\_ \$25,000 Family; \_\_\_\_\_ \$50,000 Business/Corporate

**I Prefer to Use my Credit Card:** \_\_\_ Visa, \_\_\_ MC, \_\_\_ AmEx

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ - \_\_\_\_

Signature: \_\_\_\_\_

\_\_\_ I am interested in information about a Charitable Trust

\_\_\_ I am interested in including The Arc of NoVa in my Last Will & Testament, please call me

Please return via mail to:  
The Arc of Northern Virginia, Attn: Membership  
98 N. Washington St., Falls Church, VA 22046  
Fax (credit card applications only: 703-532-xxxx??