

Annual Membership Form Georgia State Chapter

Date: _____

Name: _____

___ I have MG.

Name: _____

___ I have MG.

Addr: _____

Phone: _____

___ YES, I (We) would like to JOIN the GA MG Chapter.

___ \$10 ___ \$20
(Individual) (Family)

___ YES, I (We) would like to RENEW my (our) membership.

___ \$10 ___ \$20
(Individual) (Family)

___ YES, I would like to help MG with my gift of: ___ \$100 ___ \$50 ___ \$25 ___ \$15 Other \$ _____

___ My gift is in memory of: _____

___ My gift is in honor of: _____

Please send an acknowledgement of my gift to:

Total amount enclosed: \$ _____

THANK YOU FOR YOUR SUPPORT. Your contributions may be tax deductible under present laws. This organization is a 501(c3) non-profit. Please make checks payable to Georgia Chapter, MGFA and mail to: P.O. Box 93604

Atlanta GA 30318