

COMO FRIENDS
MEMBERSHIP FORM

Thank you for joining Como Friends!

Name: _____

Address: _____

City _____ State _____ Zip _____

Day Phone _____ Eve Phone _____

Email _____

Check here if this membership is a gift.

Gift membership for:

Name: _____

Address: _____

City _____ State _____ Zip _____

Message for gift card:

Send renewal notices to:

Purchaser

Recipient

Membership Level

Senior Citizen - 1 adult (age 62+): \$25

Individual - 1 adult: \$35

Family or Grandparent's Special - 2 adults + (grand)children: \$60

Family Advantage - 2 adults + children: \$100

Patron: \$125

Sponsor: \$250

Benefactor: \$500

Please send me information about:

Volunteer opportunities

Donor opportunities

Animal sponsorship program

Payment Method

Check enclosed payable to *Como Friends*

Please charge my: VISA or MasterCard

Card Number: _____

Expiration Date: _____ 3-digit Security Code on back of card: _____

Name on Credit Card (please print): _____

Signature _____

Print this form and mail completed form with payment to the:



como friends
TOGETHER WE GROW

Como Friends

Phone: 651-487-8229

Fax: 651-487-8245

1225 Estabrook Drive

Saint Paul, MN 55103

ComoMembership@comofriends.org

Gifts to Como Friends are tax deductible to the full extent allowed by law. Ask your employer about matching contribution programs to double your gift. Individuals making gifts larger than \$100 will be recognized in our annual report.