

We are pleased to be able to join the
Art Guild of Menomonee Falls

...please circle one...

Business Friend: \$75.00

Business Supporter: \$300.00

Business Partner: \$500.00

Please provide the following information to ensure correct preparation of your receipt.

Name: _____

Company/Organization: _____

Address: _____

City: State: Zip Code: _____

Telephone Number: _____

Email Address: _____

For Office Use Only

Date received:

Check #:

Check Amount:

Receipt sent on:



**Please fill out and mail this completed form with your check
made payable to AGMF**

**ART GUILD OF MENOMONEE FALLS
PO BOX 622
MENOMONEE FALLS WI 53052**



We are pleased to be able to join the
Art Guild of Menomonee Falls

...please circle one...

Business Friend: \$75.00

Business Supporter: \$300.00

Business Partner: \$500.00

Please provide the following information to ensure correct preparation of your receipt.

Name: _____

Company/Organization: _____

Address: _____

City: State: Zip Code: _____

Telephone Number: _____

Email Address: _____

For Office Use Only

Date received:

Check #:

Check Amount:

Receipt sent on:



**Please fill out and mail this completed form with your check
made payable to AGMF**

**ART GUILD OF MENOMONEE FALLS
PO BOX 622
MENOMONEE FALLS WI 53052**

