

*Kingwood Center*  
Membership Form

Complete address & phone number

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*name*

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*address*

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*city, state, zip*

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*telephone (optional)*

Please make checks payable to Kingwood Center.

- |                          |             |         |
|--------------------------|-------------|---------|
| <input type="checkbox"/> | Member      | \$40    |
| <input type="checkbox"/> | Family/Dual | \$50    |
| <input type="checkbox"/> | Donor       | \$100   |
| <input type="checkbox"/> | Patron      | \$500   |
| <input type="checkbox"/> | Benefactor  | \$1,000 |

CHECK    VISA    MASTERCARD

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*Visa or MasterCard Number*

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*Expiration Date*

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*3-digit Card Verification Number*

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*Signature*

Please mail to: Kingwood Center, 900 Park Avenue West, Mansfield, OH 44906

***Thank You for your support!***