

# The Ark Membership Application

Enclosed is my contribution of \$ .....  
for Ark membership at the following level:

- \$5** Introductory Membership *(Only available in person at The Ark)*
- \$20** Friend Membership *(Only available in person at The Ark)*
- \$50** Solo Membership
- \$100** Premiere Membership
- \$250** Applauder Membership
- \$500** Producer Membership
- \$1,000** Virtuoso Membership
- \$2,500** Ark Angel Membership
- \$5,000** Benefactor Membership
  
- Please send me information about The Ark's Planned Giving Program

Date: ..... / ..... / .....

Name(s): .....

As you would like to appear for recognition.  Do not list my name.

Address: .....

City: ..... State: ..... ZIP: .....

Phone: ..... Email\*: .....

Payment Method:  Check  Visa / Mastercard

Credit Card #: .....

Expiration Date: ..... / ..... Security Code: .....

Signature: .....

Contributions to The Ark are tax-deductible as allowed by law. Gifts of \$100 or more will be publicly acknowledged.

\*Provide your email address so The Ark can send you notices. Leave blank if you do not want to receive emails from The Ark. We will not share your information.

**The Ark • 316 S. Main Street • Ann Arbor, Michigan 48104 • [www.theark.org](http://www.theark.org)**