



# GUALALA COMMUNITY CENTER

Serve. Support. Celebrate.

## Membership form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Membership

Each person must fill out a separate form.

A \$10 individual Membership runs from January 1<sup>st</sup> to December 31<sup>st</sup> of each year. Please indicate the number of years for which you would like to pay.

Number of Years X \$10 = Total amount: \$ \_\_\_\_\_

Business: \$50 / year

## We also welcome Donations

Donor Name

Supporter: \$120 \_\_\_\_\_

Partner: \$750 \_\_\_\_\_

Sponsor: \$2,000 \_\_\_\_\_

Patron: \$5,000 \_\_\_\_\_

Benefactor: \$10,000 \_\_\_\_\_

Please indicate the amount that you would like to pay each month as a Sustaining Donation.

\$5 / month, autopay \_\_\_\_\_

\$10 / month, autopay \_\_\_\_\_

\$20/month, autopay \_\_\_\_\_

Amount paid today: \$ \_\_\_\_\_

Yes  No May we add your name (no amount) to our website Donor Wall?

This question applies only to donations, not memberships or renewals.



---

# GUALALA COMMUNITY CENTER

---

Serve. Support. Celebrate.

Make your check payable to: Gualala Community Center and mail it to:  
GCC, PO Box 263, Gualala, CA 95445.

To pay with a credit card, please fill out this form.

## Credit Card Information

Name on the card: \_\_\_\_\_

Type of card:  Visa  Master Card  Other: \_\_\_\_\_

Credit card #: \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration date: \_\_\_\_\_

Questions ? Phone us at: (707) 882-3179.

Or, visit our website at: [www.gualalacommunitycenter.org](http://www.gualalacommunitycenter.org)

THANK YOU!