

# **ROSENWALD HARLANITES MEMBERSHIP FORM**

**FIRST NAME:**

**LAST NAME/MAIDEN NAME:**

**ADDRESS:**

**CITY:**

**STATE/ ZIP CODE:**

**PHONE:**

**E-MAIL:**

**MEMBERSHIP DUES:**

(\$30.00 a year)

**LIFETIME MEMBERSHIP PAYMENT:**

(\$500.00 / May be paid in \$100.00 increments \*annual dues must be also paid until the full amount is paid)

**PLEDGE AMOUNT:**

**PLEDGE DATE:**

**DONATION AMOUNT:**

(We are a 501c3 non-profit organization. All donations are tax deductible. Contact the RHI treasurer for our federal tax ID #.)

**COMMENT:**

***We need your support to keep our legacy alive. Much of our hometown and our beloved school are but a distant memory. With your help we can keep it forever in our hearts! Please, do your part to support our young descendants' educational dreams and our Rosenwald Harlanites legacy.***

***Thanks you for any support whatsoever and May God bless you.***

Mail to Treasurer: Garnett Brown, 888 Pinehurst Terrace, Atlanta GA 30310