



**MEMBERSHIP
PLEASE INCLUDE ME AS A
MEMBER OF THE AAHC**

Name: _____

Address: _____

Phone: _____

Email: _____

E-mail Go Green Quarterly newsletter by email

Quarterly newsletter by mail

STUDENT: \$15

INDIVIDUAL: \$25

FAMILY: \$40

CLUB: \$40

SUSTAINING: \$200

BENEFACTOR: \$300

SPONSORING AN ART EXHIBIT: \$350

**I would like to make a tax deductible
DONATION: \$ _____**

**I would like to volunteer in the AAHC
Gallery or Arts Park**

PLEASE MAKE CHECKS PAYABLE TO:

AAHC, Inc.,

**P.O. Box 842, 218 South 15th Street,
New Castle, Indiana 47362**