LAMAR LEGACY FRIENDS MEMBERSHIP FORM

To join the Lamar Legacy Friends, complete and detach this form, enclose payment, and mail to:

LAMAR LEGACY FRIENDS P.O. Box 622 Oxford, MS 38655

Select Annual Membership Category:		
☐ Student/Teacher Member \$10	☐ Donor \$100+	☐ Sponsor (corporate or individual) \$1000+
☐ Individual Member \$25	☐ Patron \$250+	
☐ Family Member \$40	☐ Benefactor \$500+	
I would like to make an extra donation of	f	-
*	~	egacy Friends, a subsidiary of the Oxford-Lafayette County Her
Foundation, is a Section 501c(3) not for profit of	corporation.	
May we publish your name?	No	
Name:		
Address:		
City/State/Zip:		
Phone #:	Email address: _	
May we contact you with volunteer oppo	rtunities?	
☐ Check enclosed payable to OLCHF La	ımar Legacy Friends.	
☐ Credit Card Type: C	ard #	Exp. Date
Amount \$ Si	gnature	





Oxford, Mississippi