Yes! I want to be a member of Friends of Monona Terrace!

Please Indicate Membership Level:		Please provide the following information:		
□ Friend (\$40) □ Contributor (\$ □ Friends and Family (\$80) □ Fellowship (\$2	•	Name		MÔNONA TERRACE
☐ Enclosed is my check, payable to Friends of Monona Terrace		Address		
□ Please charge my membership fee to my: □ Visa □ Master Card □ American Express [□ Discover	City	State	ZIP
Name as it appears on card		E-mail		
		Donate on-line at:	mononaterrace.com/fr	riends
Card Number Exp. D		You will receive a receipt for your gift to Friends of Monona Terrac		Monona Terrace
		Thank You!		
Signature	Today's Date	Friends of Monona Terrace, PO Box 91, Madison, WI 53703-3468		