

ANNUAL MEMBERSHIP INFORMATION

_	Benefactor	\$2,500			
	Corporate/Firm Individual				
	Public Employee	\$ 500 \$ 250			
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Firm I	Name:				
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Conta	act Person:				
Addre	ess:				
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	ent Information check is enclosed, ma	de payable to	the UNM Four	dation	
	ease charge to: Mast unt #:			AMEX	
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Pleas	e return this form to: UNM School of Arcl ATTN: Laurie Rocl MSC04 2530 1 University of New	ne	anning		
	Albuquerque, New		I-0001		

Questions? Contact Laurie Roche at 277-6442 or laurie.roche@unmfund.org

THANK YOU!

Contributions are tax deductible to the fullest extent allowable under applicable law.