

HGA's Fiber Trust Giving Program

Thank you for your contribution.

Complete this form with your name as you would like it to appear on The Fiber Trust Members Roster.

I would like to renew/join this year at the level indicated below:

- _____ \$100 Donor
- _____ \$300 Sponsor
- _____ \$500 Friend
- _____ \$1,000 Patron
- _____ \$5,000 Benefactor
- _____ \$10,000 Partner
- _____ \$25,000 Fiber Guardian

_____ **Additional \$40 in honor of HGA's 40th Anniversary**

Enclosed is my check or money order in the amount of \$_____

Make checks payable to: Handweavers Guild of America, Inc.

Please charge my contribution of \$_____ to my:

_____ VISA _____ MasterCard _____ American Express _____ Discover

Name of Cardholder_____

Account Number_____

Expiration Date: Month_____ Year_____

Signature_____

Please list me in The Fiber Trust Roster as:

Name _____

Address _____

City/State _____
Zip/Postal Code _____
Country _____
Telephone _____
Email address _____

I accept the invitation to renew/join The Fiber Trust of the Handweavers Guild of America, Inc.

signature of Fiber Trust Member

**Print this form and mail or fax it, along with your
credit card number or check/money order payable in US funds to:**

**Handweavers Guild of America, Inc.
1255 Buford Highway, Suite 211
Suwanee, GA 30024**

Telephone: (678) 730-0010

Fax: (678) 730-0836

hga@weavespindye.org