



*Membership Matters!
Members provide clout
and membership means
a better informed public.*

DISCOUNT CARD

As our way to thank you, every member receives a DISCOUNT CARD offering over 24 year-long discounts at area merchants in Monticello, Liberty, Middletown and beyond to use over and over until June 2018. Your card will be mailed to you when we receive your membership form. Lifetime Member's cards will be mailed automatically each year.



Image shows both sides of this year's Discount Card;

2017 Events

SullivanArc Spirits Tasting & Pairing Dinner
Friday, May 19th, 2017 at 6:00pm
Catskill Distillery, 2037 State Rte. 17B, Bethel
Visit www.sullivanarc.org for more info.

SullivanArc Annual Membership Meeting
Tuesday, June 27th, 2017 at 5:30pm
SullivanArc
203 Cimarron Rd., Monticello, NY

Annual Catskill Cup Golf Tournament
Sunday, July 23rd, 2017
A Golf Outing and Benefit for SullivanArc
at Villa Roma Golf Course
register online at www.sullivanarc.org
or call 845-796-1350 ext1050

Annual Community Recognition Event
October, 2017
Call for details
845-796-1350 ext. 1050

Keep an eye out... more events pending!

SullivanArc

Residential Services
Clinical Services • Day Services
Family Support Services
Service Coordination • Guardianship
Recreation • Respite • Senior Center
Vocational Services • Children's Services
Children's Mobile Mental Health

Our Mission

It is SullivanArc's mission to enable persons of all ages with disabilities to live as contributing valued members of the community by promoting:
Inclusion • Independence • Individualization,
Productivity • Self-Determination.



MEMBERSHIP DRIVE 2017 - 2018



*Make a Difference!
Please Join or Renew Today!*

Inclusion
Independence
Individualization
Productivity
Self-Determination

Why is Membership Important?

Membership gives our organization the voice to influence decisions made by legislators and policy makers that affect the lives of people with disabilities.

Your membership plays an important role in NYSARC's effort to advocate for tens of thousands of children and adults who have intellectual and other developmental disabilities throughout NY State.

- Members provide clout!
- Membership means a better informed public.
- Membership nurtures acceptance of children and adults with intellectual and other developmental disabilities.
- Membership is the basic foundation on which SullivanArc was founded.



2017-18 MEMBERSHIP OPPORTUNITIES

Use this form to join or renew your membership
or join online at www.SullivanArc.org

Please check one: ☐ New ☐ Renewal

Contact Information:

DATE: _____

YOUR NAME: _____

Please submit second name for "2 Individual" or "Lifetime" Memberships.

2nd MEMBER NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Please note by name any tributes:

In Honor of: _____

In Memory of: _____

If you would like more information,
please contact Joan Glase
at 845-796-1350 x1050
or email publicrelations@sullivanarc.org

**Please Mail This Completed
Membership Form with Payment to:**

SullivanArc/Public Relations
162 East Broadway
Monticello, NY 12701

Please Select a Membership Type:

- ☐ **PATRON (SINGLE) MEMBER: \$10**
- One discount card
 - SullivanArc calendar, annual report, and invitations
 - Valid until June 2018
- ☐ **2 INDIVIDUAL MEMBERS: \$18**
(2 individual memberships from one family)
- Two discount cards
 - SullivanArc calendar, annual report, and invitations
 - Valid until June 2018
- ☐ **LIFETIME MEMBER: \$150**
- Lifetime membership for two
 - Two discount cards sent each year
 - SullivanArc calendar, annual report, and invitations sent every year
 - No expiration date



Please help us heighten awareness, raise alternate financial support,
and create opportunities for people with developmental disabilities.

☐ **Check here to also make a donation
to the SullivanArc Foundation.**

☐ \$25 ☐ \$50 ☐ Other Amount \$ _____

☐ Please send me information about
Estate Planning & Planned Giving preparations.

☐ Check Enclosed \$ _____ ☐ Credit Card
(Form Below)

Name Printed on Credit Card: _____

Card Number: _____

Expiration Date: ____ / ____

____ Visa ____ Mastercard ____ American Express

Signature: _____