



# NMTSA

Neurologic Music Therapy  
Services of Arizona

## Friends of NMTSA Membership Application

Name: _____	<i>I wish to make a monthly contribution of: (circle one)</i>  \$10.00    \$25.00    \$50.00    \$100.00  \$250.00    \$500.00    Other: \$ _____  <i>For a period of: (circle one)</i>  1 Year    2 Years    3 Years  Other: _____
Address: _____	
_____	
City: _____	
State: _____ Zip: _____	
Phone: _____	
E-mail: _____	

### In Support Of:

You may elect to direct your Friends of NMTSA gift to a specific NMTSA program.  
If you wish to specify a program, please write the name of the program here:

\_\_\_\_\_

*I authorize NMTSA to place a charge against my account listed below, in the amount marked above, for the length of time marked above.*

Card Type: (circle one)    Visa    Mastercard    Discover    American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: (exactly as it appears on card) \_\_\_\_\_

Credit Card billing Address: (if different than above) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed application either via e-mail to [thardyre@gmail.com](mailto:thardyre@gmail.com), or by fax to 602-840-6431. You may also mail it to: Neurologic Music Therapy Services of AZ, 2702 N. 3rd St. Suite 1000, Phoenix, AZ 85004.

Questions? Contact Tom Hardy at 602-481-4670 You may also visit our website at [www.NMTSA.org](http://www.NMTSA.org).

**Thank you very much** for your generous contribution. You will receive a receipt with confirmation and our Tax ID number within 2-3 weeks.