



**YES! I WANT TO SUPPORT THE
ALLIANCE FRANÇAISE DE PROVIDENCE
AND ITS PROGRAMS!**

YES! I WANT TO *RENEW* MY MEMBERSHIP NOW!

I have enclosed a check for

\$ 45.00 for an individual membership ____

\$ 55.00 for a family membership ____

\$ 25.00 for a student (AF or other) membership ____

I also want to support the *Alliance Scholarship Fund* through an additional gift of:

\$ 25.00 _____

\$ 50.00 _____

\$ 75.00 _____

\$100.00 _____

\$500.00 _____

HELP US FIND A “*FRENCH HOUSE*” IN PROVIDENCE

Building Fund gift of:

\$100 _____

\$250 _____

\$500 _____

\$1000 _____

The *Alliance Française de Providence*, a non-profit organization, thanks you for your commitment to its programs and scholarships. Please include your personal information so we can keep in contact with you while always respecting your privacy:

Name: _____

Address: _____

Tel: _____

E-mail: _____

Membership fees were increased at the annual meeting on June 21st, 2007

Please make check or money order payable to *Alliance Française de Providence* and return it with this form to: *Alliance Française de Providence*, PO BOX 603136, Providence, RI 02906.

