



Virtual Explorers Membership Form

(All Information Confidential)

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Membership Level (Please check one)

- | | | |
|--------------------------|--------------|---------------|
| <input type="checkbox"/> | Friend of VE | \$35.00 |
| <input type="checkbox"/> | Classroom | \$50.00 |
| <input type="checkbox"/> | Supporter | \$250.00 |
| <input type="checkbox"/> | *Patron | \$500 or more |
| <input type="checkbox"/> | Other | |

*Check here to be acknowledged on our website

Please mail this form with your contribution to:

Virtual Explorers
2002 Third Street #218
San Francisco, CA 94107

For questions, please email team@virtualexplorers.org or call 415.929.8016. You may also become a member online at www.networkforgood.org.

Note: The IRS requires that donors who claim a donation valued at \$250 or more must have substantiation from the charity receiving the donation. VE will furnish this substantiation to you at the end of the calendar year.