



**Yes, I/we would like to become a member/renew my membership.**

Individual: \$50 \_\_\_\_\_

Student: \$25 \_\_\_\_\_

Family: \$100 \_\_\_\_\_

Business: \$250 \_\_\_\_\_

Sustaining Member \$ \_\_\_\_\_

Other Amount: \$ \_\_\_\_\_

**I would like to sponsor CCAH:**

Program: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

I would like to pledge: \$ \_\_\_\_\_ per month. Totalling \$ \_\_\_\_\_ year.

Enclosed is my check in the amount of: \$ \_\_\_\_\_

Please charge my gift to : Visa: \_\_\_\_\_ Mastercard: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Name (as is appears on card): \_\_\_\_\_

Business: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_