# **HELP US REACH OUR VISION**

**Name: E-Mail**

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**Address: City: State: Zip:**

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**Phone: Date**

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**Membership Level (check one)**

**Individual $25 Family $40(4) Senior Couple $25**

**Additional members over 4 $5.00 each**

**Lifetime $1000 Patron $100**

**Special Donation (special amount)**

**Payment amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit card: Visa, Mastercard and Discover**

**Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: \_\_\_\_\_\_\_\_**

**CVV: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_**