

ANNUAL MEMBERSHIP

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email Address: _____

- \$500 Benefactor
- \$250 Donor
- \$100 Contributor
- \$60 Associate
- \$40 Family
- \$30 Individual
- \$25 Senior/Student

Additional Contribution \$ _____

Total Amount \$ _____

Check enclosed, payable to SLCHA

Bill my
VISA/MASTERCARD/DISCOVER

Credit Card Number

Expiration Date

Signature (if paying by credit card)

Please contact me about including the
SLCHA in my estate plans

THANK YOU

