



cdtc **SUNFLOWERS**

Mail-In Membership Form

Dr. Mr. Mrs. Ms. Miss _____

Name of Spouse _____ Birthday _____

Mailing address _____

City _____ State _____ Zip code _____

Home phone: _____ Cell phone: _____

E-mail address: _____

I would like to receive all mailings and information regarding events and meetings.
(Regular meetings are held the 3rd Thursday of the month.)

Sign me up for a committee(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Clinic Welcome Bags | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership Luncheon |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Handbag Give-Away for Moms |
| <input type="checkbox"/> Children's Library | <input type="checkbox"/> Jewelry Give-Away for Moms | <input type="checkbox"/> Holiday Gift Shopping |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Mother's Day Brunch | <input type="checkbox"/> Holiday Gift Wrap and Cookie Exchange |
| | <input type="checkbox"/> Back to School Backpacks | |

Annual Membership Donation: **\$75**

Please make check payable to: **CDTC SUNFLOWERS** or complete credit card payment below

Mail to:

P. O. Box 460524, Fort Lauderdale, Florida 33346-0524

Credit card payment: Visa MasterCard American Express Discover

Credit Card Number: _____ Exp. _____ CVV# _____

Name of Cardholder: _____

Billing Address: _____

City _____ State _____ Zip Code _____ Phone # _____

Membership Donation: \$75 Additional Donation for our Projects \$ _____

Total Amount of Charge \$ _____ Signature _____

Thank you for supporting cdtc Sunflowers

For more information or to become a member and/or donate online, please visit our website at **www.cdtcsunflowers.org**
Questions or comments? E-mail us at **SunflowersAtCDTC@gmail.com**