

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"/> Back to School Backpacks |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Social Media | <input type="checkbox"/> Holiday Toy Shopping |
| <input type="checkbox"/> Children's Library | <input type="checkbox"/> Caregivers' Social | <input type="checkbox"/> Holiday Gift Wrap |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Annual Fundraiser | |

Annual Membership Donation: **\$75**

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

Mail to:

P. O. Box 810301, Boca Raton, Florida 33481

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 **Info@cdtcsunflowers.org**