



BE A CDTC TRANSFORMER

The CDTC Transformers is a group of dedicated, like-minded business professionals who “give back” and transform the lives of children with special needs.

Every child is born for greatness and that one great, kind and generous action inspires others to respond. We raise both awareness and funds for the thousands of children with special health care needs who deserve their chance to live a great life and bring their best to the world.

TRANSFORMING LIVES

Your monthly gift will provide Primary Clinic Care services for a child with special needs whose family is otherwise unable to pay.

ENGAGE

your friends and network to build awareness of CDTC the needs of our children & families

EMPOWER

others by sharing how their support will make the biggest impact

INSPIRE

them to take action & Transform Lives

MEMBER BENEFITS

- Volunteer opportunities with CDTC available.
- Discounts to certain special events and local happenings.
- Education opportunities with doctors and staff to learn about issues facing special needs children within our community.

Make A Commitment Today By Completing The Form On The Back Or Contacting Ana Calderon Randazzo at 954.728.1060 Or ACalderon@BrowardHealth.org.



TRANSFORMERS COMMITMENT FORM

Contact information:

Name: _____ Birthdate: _____ Membership Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Company: _____ Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: _____ Preferred E-mail: _____

Please mail to my: Home Address Work Address

Publish in the Membership Directory (Members only): Home Address Work Address

Which Social Media Platforms Do You Use Regularly: Facebook Twitter LinkedIn Instagram

Which Transformer activities are you interested in being part of: (check all that apply)

Volunteer School / Toy Drive Event Committee Annual Giving

Payment Information:

Your donation of \$50/month helps to cover the gap in the cost of medical care for 1 child for our Primary Care Clinic.

I want to help ___ child(ren). (1 child = \$50/month; 2 children = \$100/month; 3 children = \$150/month)

I prefer to have my donation billed: Monthly Annually

Please make checks payable to Children's Diagnostic & Treatment Center

I authorize CDTC to charge my credit card in the amount of \$ _____

Name (as it appears on credit card): _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

**Please return this form to: Children's Diagnostic & Treatment Center
Attn: Transformers**

1401 South Federal Highway, Fort Lauderdale, FL 33316
or acalderon@browardhealth.org

Your membership will continue to renew automatically. Please notify CDTC to make any changes.