



Annual Membership/Fund Drive Membership Form

MEMBER INFORMATION

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Referred by _____

PAYMENT INFORMATION

Platinum Business Membership \$250 _____ Gold Membership \$120 _____ Kindred Spirit \$50 _____

I would love to join and give an additional donation of _____.

I do not wish to join at this time, however, I would like to make a one-time donation of \$ _____.

Cash Check Check # _____ Amount \$ _____

Credit Card Visa Mastercard Discover American Express

Account Number _____ Expiration Date _____

Security Code (on the back of the card) _____

Authorized Signature (as it appears on the card) _____

Please list how you would like to be recognized on our website and newsletter _____

The Grace Foundation is an all volunteer public charity organization, recognized under 501c of the Internal Revenue Service Tax ID#52-2444981. As such, your contribution to The Grace Foundation is tax deductible.

Thank you!

Please return completed form with payment to:
The Grace Foundation • P.O. Box 4692, El Dorado Hills, CA 95762 • (916) 941-0800
www.thegracefoundation.com