

GIVING CIRCLE REGISTRATION FORM

PO Box 4891, El Dorado Hills, CA, 95762 | 916 235 1344
info@edhaf.org | www.edhaf.org | Tax ID 68-0255556

CONTACT

Name _____ Date _____

Address _____

City, State, ZIP _____

Email _____ Phone _____

How did you hear about us? _____

MEMBERSHIP OPTIONS

\$2500/year \$208.33/month <input type="checkbox"/>	\$1000/year \$83.33/month <input type="checkbox"/>	\$500/year \$41.66/month <input type="checkbox"/>	\$200/year \$16.66/month <input type="checkbox"/>
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New Member

Renewing Member

Bill Monthly

Bill Annually

PAYMENT

Check

Please enclose a check payable to the El Dorado Hills Area Foundation.

Credit Card

We accept Visa, Mastercard, and Discover.

Card Number _____

Expiration _____ Security _____ Signature _____

AUTO-RENEWAL

Yes, please automatically renew my membership each year for the amount listed using credit card above.