



# Circle of Care Foundation

## Sustainer Angel Membership

CIRCLE OF CARE

I believe in and want to support the mission of the Circle of Care Foundation by becoming a Sustainer Angel.

**PAYMENT OPTIONS:**

Enclosed is a check for \$\_\_\_\_\_ in full payment of the membership.  
*(Please make checks payable to **The Circle of Care Foundation.**)*

Please bill the following credit card for the membership fee of \$250:

- |                            |  |
|----------------------------|--|
| <input type="radio"/> MC   | <input type="radio"/> American Express |
| <input type="radio"/> Visa | <input type="radio"/> Discover         |

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

**Please complete the personal information below:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **State** \_\_\_\_\_

**City:** \_\_\_\_\_ **:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**By signing below you are confirming that all information provided on this form is correct.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*