



2014 MEMBERSHIP & DONATION FORM

Contact name:
Organization:
Address:
City/State/Zip
Phone:
Email:

Founding member:

- Yes! We want to be a founding member of SRCEH for a one-time contribution of \$1,000*

Organizational member:

- | | | |
|--|-----------------------|-------|
| <input type="checkbox"/> Nonprofit, small | less than \$500,000 | \$100 |
| <input type="checkbox"/> Nonprofit, medium | less than \$1 million | \$250 |
| <input type="checkbox"/> Nonprofit, large | \$1 million and above | \$500 |

Individual member:

- | | |
|---|------------|
| <input type="checkbox"/> Homeless, student, very low income | \$0 - \$10 |
| <input type="checkbox"/> Individual | \$50 |

Sustainer:

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> Monthly: | \$_____/month |
| <input type="checkbox"/> Quarterly: | \$_____/quarter |
| <input type="checkbox"/> Annual: | \$_____/annual |

Donation:

For those who do not wish to become members, or wish to make an additional donation:

- Donation or additional gift: \$_____

Total due: \$_____

Payment Options:

- Check enclosed: return to SRCEH *[address below]*
- Please bill me at my address above
- I will pay with a credit card on SRCEH's secure website: www.srceh.org

Thank your for your support of SRCEH's mission!

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