

MEMBERSHIP



Date _____

Please select a category:

- Individual — \$25
- Dual — \$40
- Family — \$60
- Patron — \$100
- Friend — \$500
- Corporate / Sponsor — \$1,000
- President's Council — \$3,000

Payment

- Enclosed is my check payable to HVCCA
- Enclosed is my cash payment

Charge my: Discover AMEX MC Visa

CARDHOLDER NAME

CARD NUMBER EXP. DATE

CARDHOLDER SIGNATURE

New / Renew Membership Total: \$ _____

Gift Membership Total: \$ _____

Additional Contribution: \$ _____

Grand Total: \$ _____

Join HVCCA

Renew Membership

NAME OF MEMBER (LAST NAME, FIRST NAME)

ADDITIONAL MEMBER(S)

ADDRESS

CITY, STATE, ZIP

TELEPHONE

EMAIL

I would like to give a Gift Membership

NAME OF RECIPIENT (LAST NAME, FIRST NAME)

ADDITIONAL RECIPIENT(S)

ADDRESS

CITY, STATE, ZIP

TELEPHONE

EMAIL

Please return completed form via mail or fax

PO BOX 209, Peekskill, NY 10566
tel. 914.788.0100, fax 914.788.4531

Yes, sign me up for email updates!

I am interested in Volunteer Opportunities