



**RAY
OF
HOPE**

Be Unique. Be Exceptional. Be You.

2010 Membership Form

Ray of Hope provides financial assistance to individuals for participation in community activities and programs to enhance self awareness and self esteem. Memberships run annually Jan – Dec.

Youth/Elder/Disabled	\$5.00 _____
Adult	\$20.00 _____
Business *	\$100.00 _____
Lifetime **	\$400.00 _____
Donation	Amount _____

Name _____ Phone _____

Address _____

City, State, Zip _____

Email Address _____

*Website to be posted online _____

Membership is in honor/memory of _____

** **Lifetime Installment Plan:** I will pay the following amount \$_____ every month/year.

Lifetime Member Sweatshirt Size, please circle one: S M L XL XXL XXXL

_____ I am interested in becoming a volunteer.

_____ I am interested in becoming a board member.

_____ I have friends/family who would be interested in Ray of Hope.

Please send information to: _____

To be filled out by Office:

Date Received _____ Total \$ _____ Reference # _____ Initials _____

Sweatshirt mailed to or given to on date: _____ Size _____ Initials _____