



Humanitarian Foundation

DONATION FORM

INDIVIDUAL MEMBERSHIP

- **Ambassador Membership --\$750**
- **Fellow Membership - \$500**
- **Life Membership - \$250**

CLUB MEMBERSHIP

- **Fellow Membership - \$2,000**
- **Life Membership - \$1,000**

All awards come with a Vest Patch and a Plaque

Club/ Member Name _____

Phone _____

Contact Name _____

Individual Membership Level:

Ambassador Fellow Life

Club Membership Level:

Fellow Life

Amount enclosed \$ _____

(Make all Check & Money orders out to *District 4-C1 Humanitarian Foundation*)

Mail this form and your check to:
District 4-C1 Humanitarian Foundation
P.O Box 2493
Weaverville, CA 96093

4-C1 Health Foundation is a 501(C)(3) Non-Profit. All donations are tax deductible under the
District 4-C1 Humanitarian Foundation
Tax ID # **95-3527334**

