

Membership Application & Donation Form

I would like to join/renew my membership for 2006

_____ \$50 Individual membership

_____ \$100 Family membership

_____ \$500 Corporate membership

_____ \$900 Values in Action Corporate Membership

Please accept an additional donation in the amount of

\$_____ or Scholarship donation \$_____

Name(s): _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

E-mail: _____

Mail with your check to: Uncommon Friends Foundation
P.O. Box 811
Fort Myers, FL 33902-0811

If you prefer, you may fax (239) 335-2108
or mail a credit card order.

Ensure the address shown is the card billing address.

VISA / MasterCard (circle one)

Name on card _____

Account # _____ Exp. date _____