Membership Form

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|  | Open Heart Communities CorpOpen Heart Communities is dedicated to bridging the gap between foster care, residential care, and reunification today, to give children a better tomorrow. |

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City, ST Zip Code |  |
| Phone 1 | Phone 2 |  |
| Fax | Email |  |

### Membership

I pledge a membership of: Basic ($25/mo.) Premium ($40/mo.)

Basic: Monthly newsletter, quarterly professional development courses, OHC’s annual t-shirt

Premium: Basic + 2 tickets to annual gala

T-Shirt Size: Sm. Med. Lrg. Xlrg.

I plan to make this contribution in the form of autopay from the following card:

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| --- | --- |
| Credit card type | Exp. date |  |
| Credit card number |  |
| Authorized signature |  |

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|  |  |  |
| Signature(s) |  | Date |
|  |  |  |
| Please make checks, corporate matches,  or other gifts payable to:  Please mail or email this form to: |  | Open Heart Communities Corp26340 ClaritaRedford, MI 48240 admin@openheartcommunities.org |