

**COLLIE HEALTH FOUNDATION MEMBERSHIP  
REMITTANCE AND CONTRIBUTION FORM**

PLEASE INDICATE:  new member OR  renewal membership

Please check level of membership desired:

Individual Membership - \$ 25  
 Family Membership - \$ 40  
 Sustaining Membership - \$ 100

Patron - \$ 500  
 Benefactor - \$1,000

I'm interested in volunteering:

Fundraising  Sunnybank  
 Auctions  Promotions

Other: \_\_\_\_\_

Dues are for a fiscal year from January 1-December 31 (or from join date to December 31)

Send your check (US funds only), payable to Collie Health Foundation or CHF to:

Gail Currie - CHF Membership  
85 High Street  
Greeneville, TN 37745

PAYPAL: [membership@colliehealth.org](mailto:membership@colliehealth.org)

Name (as you wish to be listed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Kennel Name: \_\_\_\_\_

Email: \_\_\_\_\_

Please check if this is a new address.

I have included CHF in my will.

Please send me information about including CHF in my will.

**Do you or your spouse work for a matching gift company? Some companies will match gifts of employees and/or retirees. Please contact your personnel office for details and a matching gift form.**

Company Name: \_\_\_\_\_

Form Enclosed:  Yes  No

*ADDITIONAL CONTRIBUTION* (circle one:) in Memory, Celebration, Honoring:

\_\_\_\_\_

\_\_\_\_\_

Contributions are tax deductible in accordance with IRS regulations.