

Collie Health Foundation Membership Form

PLEASE INDICATE: New Member _____ Renewed Membership _____

Please check level of membership desired:

I'm interested in volunteering:

_____ Individual Membership \$25	_____ Fundraising	_____ Sunnybank
_____ Family Membership \$40	_____ Auctions	_____ Promotions
_____ Sustaining Membership \$100	_____ Website	_____ Education/Grant/Studies
_____ Patron \$500		
_____ Benefactor \$1,000	_____ Other: _____	

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

Join online at www.colliehealth.org/membership/ or if you prefer to mail a check you can send a check in U.S. funds payable to Collie Health Foundation to: **Gail Currie, 85 High Street, Greeneville, TN 37745**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

_____ Please check if this is a new address

_____ I have included CHF I 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 gifs 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: _____ In Memory _____ In Honor _____ In Celebration

Contributions are tax deductible in accordance with IRS regulations.

Collie Health Foundation, Inc. is a 501(c)(3) non-profit organization. Federal Tax ID #13-3376254