

BECOME A MEMBER

You are invited to join the Inland Empire Chapter and enjoy the access, information and community of one of City of Hope's most prominent and influential groups.

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E-mail Address _____

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I was recommended by _____

I am interested in: Single Membership (\$1,000)
 Couple Membership (\$1,500) _____

Spouse's Name _____

Please bill me

Enclosed is my check in the amount of \$ _____

Charge my credit card in the amount of \$ _____ MasterCard Visa Amex Discover

Credit Card Number _____ Expiration Date _____

Name as it appears on the card _____ Signature _____

I cannot join at this time, but please accept my contribution of \$ _____



Please mail application to:

City of Hope • 1055 Wilshire Blvd, 12th Floor • Los Angeles, CA 90017 • Attn: Inland Empire Chapter