

Membership Form

Name: _____

Complete Address: _____

____ New Membership ____ Renewal of Membership Calendar Year **2008**

<input type="checkbox"/> CATEGORY OF MEMBERSHIP		
⇒ MEMBER	()	\$25 to \$99 Per Year
⇒ PATRON	()	\$100 to \$499 Per Year
⇒ BENEFACTOR	()	\$500 to \$4,999 Per year
⇒ LIFE MEMBER	()	\$10,000 in one payment or in a total cumulative amount of Benefactor payments

Make Checks Payable to:

**Pinellas Community Foundation
5200 East Bay Dr., Suite 202
Clearwater FL 33764**

✂ *****

WHAT DOES BEING A MEMBER MEAN?

- ✓ Furniture and equipment for a child care center; medical equipment for a free clinic; special access computers for the visually impaired; therapeutic play area equipment for the developmentally disabled; scholarships. Membership revenues go solely and directly to increase the Foundation's **special competitive grants programs** named after **Edith B. Green, Mildred B. Stribling and Theodore and Marian Tonne**. Your contribution helps *"Build a Better Future for Pinellas County"*.
- ✓ Membership gifts are tax deductible.
- ✓ Members receive the Foundation's Annual Report and Newsletters.
- ✓ Patrons, Benefactors and Life Members are invited to the Foundation's Annual Meeting.
- ✓ For more information call **531-0058**.

Florida Solicitation # CH3646