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## THANK YOU FOR YOUR SUPPORT!

### To join or contribute:

- \$45 per year per individual;
- \$200 per year per family organization; or
- \$250 per year per provider/professional organization

Thank you for joining or renewing. We depend on your generous extra donations.  
You may pay by check or credit card.

### Send completed form with payment to:

VOR  
836 S. Arlington Heights Rd. #351  
Elk Grove Village, IL 60007  
877-866-8377 FAX (for credit card payments)

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

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

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Family/Professional Organization (if applicable): \_\_\_\_\_

Location your loved one calls home: \_\_\_\_\_

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

### If paying by credit card, please provide the following information:

Type of card:  VISA  MASTERCARD  DISCOVER

Amount to charge to card:

\$1,000  \$500  \$250  \$150  \$100  \$50  \$25  Other Amt. \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_ 3-digit security code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

This gift is:  In memory of:  In honor of: \_\_\_\_\_

Send acknowledgement to: \_\_\_\_\_

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