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# THANK YOU FOR YOUR SUPPORT!

## To join or contribute:

- \$45 per year per individual membership
- \$200 per year per family organization membership
- \$250 per year per provider/professional organization membership
- Additional donation included       Donation Only (no membership)

Thank you for joining VOR or renewing your existing membership.  
 We deeply appreciate your generosity through additional gifts.  
 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

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. \$ \_\_\_\_\_

I would like to make a recurring monthly donation. Please charge my card each month:

\$7     \$10     \$15     \$20     \$25     \$50     Other \$ \_\_\_\_\_

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

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

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

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

Please send acknowledgement to: \_\_\_\_\_