



Membership Form

\$30 Active Aging \$40 II	ndividual \$70 Household	
\$200 Friend	\$500 Best Friend	
<u>—</u>		
\$	Other Amount	
Contact Information		
Make Checks Payable to:	Charge the Card Below:	
The Pride Center	Annually (One-Time)	
PO Box 70518 Fort Lauderdale, FL 33307-0518	Sustaining (Renews automatically)	
Name:	Phone: ()	
Spouse/Partner:	Phone: ()	
Company:		
Address:		
City: State:	Zip:	
Email Address:		
Spouse/Partner Email:		
Recognition Format:		
*How would you like your name(s)/Business Name to appear	on the website and in publications?	
Credit Card	Information	
Name on Card:	Phone:	
Credit Card Number:	Exp. Date: CVV#:	
Signature:		
I authorize The Pride Center at Equality Park to charge the information and my card information will be stored on file	e above card for the agreed-upon amount. I understand that my e for future contributions on my behalf.	
Become a Sustaining Member:		
I authorize The Pride Center at Equality Park to automatica until further notice.	ally charge the above card yearly for my Membership contribution	

Contributions are tax-deductible to the extent permitted by law and benefit The Pride Center at Equality Park, (EIN 65-0431045) a not-for-profit tax-exempt organization. A copy of the official registration and financial information of The Pride Center at Equality Park (CH4411), may be obtained from the Division of Consumer Services by calling toll-free 1.800.435.7352 within the state of Florida, or at <u>FDACS.gov</u>. Registration does not imply endorsement, approval or recommendation by the state. If goods or services are exchanged for this gift, any amount shown above is the net-deduction after the value of goods or services.

