



## Membership Application, Renewal, or Gift

**“To serve as a catalyst for the healing of racism through the education and empowerment of individuals”**

New Membership     Renewal     Gift

Your Name \_\_\_\_\_  
 Your Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Telephone(s) \_\_\_\_\_  
 Today's Date \_\_\_\_\_

I would like to join the Center at the following level:

<input type="checkbox"/> Student	\$12	<input type="checkbox"/> Ruby	\$200
<input type="checkbox"/> Pearl	\$20	<input type="checkbox"/> Emerald	\$500
<input type="checkbox"/> Amethyst	\$50	<input type="checkbox"/> Diamond	\$1000
<input type="checkbox"/> Sapphire	\$ 100	<input type="checkbox"/> Platinum	\$ 1500

I will send a check made out to The Center for the Healing of Racism.

I would like to make a donation by credit card.

Please, choose credit card type:

\_\_\_ AMEX                    \_\_\_ MASTERCARD  
 \_\_\_ VISA                    \_\_\_ DISCOVER  
 \_\_\_ DINER'S CLUB

Name on Credit Card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

I would like to make a gift of membership to the person listed above. Gift given by: \_\_\_\_\_

I would like to volunteer for The Center. Please, check all skills that apply.

<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Mail Outs
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Public/Media Relations
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Internship
<input type="checkbox"/> Research	<input type="checkbox"/> Technical (audio/visual)
<input type="checkbox"/> Speakers' Bureau	<input type="checkbox"/> Other _____

**Send to:** Center For The Healing Of Racism, P.O. Box 27327, Houston, Texas 77227, or copy and paste this form into a Word file and then attach and send to the Center [cfhri@juno.com](mailto:cfhri@juno.com)