



Membership Application

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

New Membership Renewal Membership Gift Donation

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____ 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 would like to make a gift of membership to the person listed above.

Gift given by: _____

Donation \$ _____

I would like to volunteer for the Center. Please check all skills/interests 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"/> Fundraising	<input type="checkbox"/> Internship
<input type="checkbox"/> Research	<input type="checkbox"/> Technical (audio/visual)
<input type="checkbox"/> Speakers' Bureau	<input type="checkbox"/> Other

*Donations by credit card can be made online at: www.centerhealingracism.org

Mail application and check to:
Center for the Healing of Racism P.O. Box 27327 Houston, TX 77227