CHI FRIEND APPLICATION

- ❑ **New Friend**
- ❑ **Friend of CHI Annual Renewal**

- ❑ Friend - $100
- ❑ Associate Friend - $250
- ❑ Sustaining Friend - $500
- ❑ Patron - $1,000
- ❑ Benefactor - $5,000
- ❑ Life Friend - $10,000

_____
name

_____
address

_____
city **state** **zip** **country**

_____
home phone **work phone** **e-mail**

- ❑ Please check here if this membership is a gift, and enclose a gift card. Please fill out the information above for the Friend.

Contributions are tax-deductible to the fullest extent of the law. Please make check payable to **Children's Hospice International**. Or you may pay by credit card.

□Visa □MasterCard □American Express

Name on Credit Card: _____

Credit Card Number: _____

Phone Number of Card Holder: _____

Expiration Date: _____

Signature of Card Holder: _____

Date Signed: _____

Please return this application to:
Children's Hospice International
901 N. Pitt Street, Suite 230
Alexandria, Virginia 22314 USA