

2017 MEMBERSHIP CAMPAIGN

MEMBER INFORMATION *(please print)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Referred to FDR by: _____

Home phone: _____ Cell or work phone: _____

If this is a gift membership, please include gift recipient information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MEMBERSHIP LEVEL & PAYMENT METHOD *(Make checks payable to "FDR")*

Supporting Member **Sponsoring Member** **Subscribing Member** **Sustaining Member**
\$50 *(checks only)* **\$125** **\$250** **\$500**

Payment Method: Check # _____ VISA Master Card American Express

Credit Card#: _____ Exp. Date: _____ Sec. Code: _____

Complete to make an additional donation:

- Enclosed is my donation of: \$ _____
 Call me. I am interested in: Establishing a charitable trust/Planned Giving
 Corporate sponsorship of a FDR event

Please complete the remainder of this form so that we may update our records

I AM INTERESTED IN VOLUNTEERING

- Harvest for Hope Fashion Show Golf Tournament Rollerskating Event
 Help in the FDR Office New fundraisers

FDR MENTOR PROGRAM

FDR's office staff help put people touched by diabetes in contact with FDR member "Mentors" who have shared their experiences. Please complete this section so we can update our database.

- A. I am interested in becoming a FDR Mentor *(complete section B below)*
 I would like a FDR Mentor *(complete section B below)*

- B. I have diabetes: Type 1 Type 2
 A family member has diabetes: Type 1 Type 2
 Relationship to you: Parent Child _____ *(birth year)*
 Spouse Other

The Foundation for Diabetes Research is a 501 (c)(3) non-profit organization. Membership and donations are tax-deductible.



the FOUNDATION for DIABETES RESEARCH