

2009-2010 MEMBERSHIP APPLICATION

June 1, 2009 through May 31, 2010



Helping Hands of Glenview
2320 Glenview Road
Glenview, Illinois 60025
(847) 729-8181



WWW.HELPINGHANDSGLENVIEW.ORG

Please indicate type of membership desired. Make check or money order payable to:

Helping Hands of Glenview

Renewal _____

New _____

Individual (1 yr.) \$15 \$ _____

Family (1 yr.) \$25 \$ _____

Please consider an additional contribution to help your neighbors in need.

Additional Contribution \$ _____

(Tax deductible to the extent provided by the law)

Name: _____

Additional Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ EMAIL: _____