

Caritas Membership Form

Please indicate your preference:

I wish to continue my membership

I do not wish with my membership continued

Dues: January 1 – December 31, 2017

New Member

Renewal

Annual Membership: \$15.00

Annual Patron Membership: \$50.00

Name _____ Spouse _____

Address _____

City, ST, Zip _____ Phone _____

I would like to help in the following ways:

Board Member *Membership Committee* *Newsletter* *Publicity*

I would like to help at the Caritas Fundraiser April, 2017:

Event Set-Up *Hostess/Host* *Silent Auction* *Decorations* *Mailing*

Please mail application and check – payable to CARITAS – to:

Caritas Membership, c/o Jody Deery, 1030 North Second Street, Rockford IL 61107