

# LADIES LEGACY MEMBERSHIP REGISTRATION

## Annual Membership of \$200

Business Membership

Personal Membership

Enclosed is my check payable to SAHF (San Antonio Hospital Foundation)

I authorize a single credit card payment of \$\_\_\_\_\_

I authorize a credit card payment of \$\_\_\_\_\_ / month for 12 months due on receipt

\_\_\_\_\_  New  Renewal  
Member Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Email

\_\_\_\_\_  
Credit Card

Business  Personal

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV Code

\_\_\_\_\_  
Name as it appears on the card

\_\_\_\_\_  
Billing Zip Code  
(if different from above)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to:

San Antonio Hospital Foundation  
999 San Bernardino Road, Upland, CA 91786  
Phone: 909.920.4962 Fax: 909.985.6886  
SARH.org/MakeAGift

**Thank you for your support!**  
Membership Gifts are tax deductible to  
the limits of the law.