



Membership / Donation Form

Today's Date: _____

Referred By: _____

First Name: _____

Last Name: _____

Date of Birth: Month _____ Day _____ Spouse / Partner Name: _____

Phone Numbers: _____

(Please include area codes)

cell

home

Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Company Name: _____

Yes, my company has a matching gift program

(obtain your company's **matching gift form**, fill out the "Donor" section, and mail it to ISCC when you send your donation)

Please indicate your membership level below:

Monthly \$30 \$50 Other \$ _____

Annual \$365 \$500 Other \$ _____

I would like to make a one-time donation of \$ _____

Your contribution is 100% tax deductible!

Payment Method: Credit Card Check

Amex

MasterCard

Visa

Name as it appears on Credit Card: _____

Credit Card #: _____

Exp. Date: _____ Security Code: _____

Signature: _____

Please email, fax or mail your completed membership form to:

ISCC

17155 Gillette Ave Unit B

Irvine, CA 92614

Tel: 949-679-9911 | info@iscc-charity.org

Fax: 949-679-3399 | <http://www.iscc-charity.org/>

Thank You!