

Print this page, complete and mail the following form with your cheque payable to **Richmond Caring Place Society** at the address below:



Yes, I would like to become a member!
Enclosed is my \$10.00, tax-deductible membership fee.



In addition, I am enclosing a tax-deductible gift of \$_____ to the
Richmond Caring Place Society.

Full Name:
Address:
City:
Postal Code:
Daytime Phone:
Evening Phone:
Please make cheque payable to “Richmond Caring Place” and thank-you for your support and interest!

MAIL TO:
Richmond Caring Place Society Memberships
140-7000 Minoru Boulevard, Richmond, BC, V6Y 3Z5