

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.

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

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