

STROKE RECOVERY CENTER
2800 E. Alejo Rd., Palm Springs, CA 92262

Membership/Donations:

Membership: \$25 Individual \$45 Family \$100 Preferred Family \$500 Individual Life

Enclosed is my gift of: _____

This gift is: an unrestricted contribution **or**

In Honor of In Memory of Special Occasion Commemorative Brick (\$100 each)
(up to 3 lines, 20 characters per line)

Please send an acknowledgement to:

Name _____

Address _____ City _____

State _____ Zip _____

Card to be signed as follows: _____

Donor/Purchaser Information:

Total Amount: \$ _____ (make checks payable to **Stroke Recovery Center**)

For credit card payment, call Diane Hanner at 760-323-7676 **or** e-mail: dhanner@strokerecoverycenter.org

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____