



**STROKE RECOVERY CENTER**  
2800 EAST ALEJO ROAD  
PALM SPRINGS, CALIFORNIA 92262

hope, help & heart

**MEMBERSHIP**

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

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

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**IF YOU NEED ASSISTANCE FOR CREDIT CARD PAYMENT:**

Call James P. Martinez at 760-323-7676, extension 112 or email: [jpmartinez@strokerecoverycenter.org](mailto:jpmartinez@strokerecoverycenter.org)

**OR USE [PAYPAL](#) TO CHARGE ONLINE**

***THANK YOU FOR YOUR DONATION***

*All gifts are tax deductible to the extent of the law. 501(c) (3) nonprofit organization Tax ID -3402464*