

Credit Card Number

Membership Form



Yes! I want to be an annual member of The Pride Center				
\$ 30 Student \$ 40 Individual \$ 30 Active Aging (Over 65) \$ 70 Household				
Name(s):Phone				number:
Address:				
City, State, Zip Code:				Friends Membership
			\$200 Friend	
Email A	ddress:			\$500 Best Friends
Business/Corporate Membership Founder			rs Circle Membership	
	\$ 600 Business Partner			\$1,200 Silver Member
	\$1,200 Silver Business Founder			\$2,500 Gold Member
	\$2,500 Gold Business Founder			\$5,000 Diamond Member
*NOTE: For information about higher levels of Founder membership or LEGACY GIFTS, please contact RC Charlton, Office Operations Specialist: 954-463-9005 x 104 or email: RCharlton@PrideCenterFlorida.org .				
Enclosed is my / our preferred choice of payment: Total payment of \$				
Monthly payments of \$ (Only for Dear Friend level membership or higher)				
☐ My check payable to <u>The Pride Center</u> is enclosed				
☐ Please charge my gift as indicated above to: ☐ American Express ☐ MasterCard ☐ Visa				
CHARGE: Signature				
Name (as it appears on card)				

The Pride Center at Equality Park (65-043104) is a nonprofit 501(C)3 Corporation. Contributions are tax deductible to the extent permitted by law. If goods or services are exchanged for this gift, the amount shown above is the net deduction after the value of goods or services.



Expiration Date_

CVV#