



AURORA OF CENTRAL NEW YORK, INC.

2010 MEMBERSHIP FORM

Name _____

Address _____

City _____ State _____ Zip _____ - _____

Phone _____

Please enroll me as a member of Aurora of Central New York for 2010. I would like to contribute at the following level:

\$25 \$50 \$100 \$250* \$500* Other \$ _____

Please send me information about Aurora's Planned Giving Program

I am paying by _____ Check _____ MasterCard _____ Visa _____ American Express

My Account # _____ Expiration Date: _____

V-Code (three-digit number on back of card) _____

Name on Account (if different from above) _____

Please Print

Billing Address _____

I am aware and allow the company to charge my card for the above purposes.

Date: _____ Signature _____

Please make checks payable to AURORA OF CNY, Inc. and return to:
518 James St., Suite 100, Syracuse, NY 13203-2282

❖ Gifts may be acknowledged in our newsletter, if you wish to remain anonymous please check here

In return for your gift you received no material goods or tangible services for supporting Aurora. Your membership donation to Aurora is tax deductible.