

Donation & Membership Form

KATRINA VICTIMS APPEAL – Any **donations** on this form will be earmarked for **Katrina victims**. Your membership will go towards the general funds.

Please renew your membership if you have not yet done so.

PLEASE COMPLETE ALL INFORMATION TO HELP UPDATE OUR RECORDS - PRINT CLEARLY

Last Name:	First Name:	
Spouse's Name:	Spouse's MAIDEN Name:	
Children: (Names & Ages)		
Address:		
Home Phone:	Work:	Fax:
IMPORTANT! EMAIL:		

Renew Your MEMBERSHIP: Family \$50 Single \$30	
KATRINA DONATION (Tax Deductible)	
TOTAL	

- Check #: _____ (US\$ only, payable to The Bethlehem Association).
 Visa Master Card

Exact Name on Card _____ Card #: Count 16 digits

Exp. Date: Month/Year	/																		

Signature _____ Date _____

Mail Form to: Linda Handal
 Bethlehem Association - 12 Battle Ridge Trail - Totowa, NJ 07512 USA
Or FAX to: (973) 942-0876
Or scan and email to: joseph@bethlehemassoc.org