

2024 LADIES LEGACY MEMBERSHIP REGISTRATION

Annual Membership of \$200

☐ Business Membership

☐ Personal Membership

☐ Enclosed is my check payable to SAHF (San Antonio Hospital Foundation)

☐ I authorize a single credit card payment of \$_____

☐ I authorize a credit card payment of \$_____ / month for 12 months due on receipt

Member Name ☐ New ☐ Renewal

Company Name

Address

City

State

Zip Code

Business Phone

Cell

Email

Credit Card

☐ Business ☐ Personal

Expiration Date

CVV Code

Name as it appears on the card

Billing Zip Code
(if different from above)

Signature

Date

Please return to:

San Antonio Hospital Foundation
999 San Bernardino Road, Upland, CA 91786
Phone: 909.920.4962 Fax: 909.985.6886
SARH.org/MakeAGift

Thank you for your support!

Membership Gifts are tax deductible to
the limits of the law.