

2024 BUSINESS BENEFACTORS MEMBERSHIP REGISTRATION

Business Benefactors Supporting the Region that Supports your Business

☐ Chairman Level \$5,000

☐ Director Level \$2,500

☐ President Level \$1,000

☐ Investor Level \$500

☐ 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

Company Name

Address

City

State

Zip Code

Business Phone

Cell

Credit Card

Billing Zip Code
(if different than above)

Expiration Date

CVV Code

Name as it appears on the card

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

Thank you for your support!

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