



## Donation/Membership Form

Today's Date

First Name

Last Name

Email Address

Donation Amount

Would you like to become a member? Requires minimum \$10 donation.  
*Respond with: Yes, No, or Already a Member*

Street Address

City

State or Province

Zipcode

Country

### • **Optional: Demographic Information** •

*To determine how you may be able to help in our legal efforts and initiatives,  
we are requesting demographic information about you and your family.*

Your Age: 18-25 years, 26-45 years, 46-65 years or 66+ years

Ages of children, if any

**Occupation:** Other, Attorney, Medical Professional, Dental Professional, Journalist, Marketing

Would you like to be a CHD volunteer?

Please tell us about any special talents that you could provide as a volunteer?