

**Old Brooklyn Community Development Corporation
Annual Residential Membership**

Name: _____	___ Senior & Student	\$10
Address: _____	___ Individual	\$15
_____	___ Couple & Family	\$25
Phone: _____	___ Community Organizer	\$50
E-mail: _____	___ Community Leader	\$100
	___ Community Preservationist	over \$100
M/C Visa # _____		
Cardholder Name: _____		
Expiration Date: _____		
Signature: _____		

Please make checks payable to "Old Brooklyn CDC"
Mail to Old Brooklyn CDC, 3344 Broadview Rd., Cleveland, OH 44109.
Credit card – please mail or fax to 216-459-1741.

Your membership is tax deductible. Thank you for investing in your community!