



Become a Member & Invest
in Your Community

ANNUAL RESIDENTIAL MEMBERSHIP

Name(s): _____

Address: _____

Phone: _____

E-mail: _____

M/C Visa #: _____

Cardholder Name: _____

Expiration Date: _____

Signature: X _____

___ Senior (62+) \$10 ___ Senior Couple \$20

___ Students \$10

___ Individuals \$15

___ Couples \$25

___ Community Organizer \$50

___ Community Leader \$100 or more

List talents you would like to volunteer to improve your community. _____

Your membership is tax deductible.



Please make checks payable to: Old Brooklyn CDC & mail membership form to:

Old Brooklyn CDC 2339 Broadview Rd. Cleveland, OH 44109 www.oldbrooklyn.com 216-459-1000