GUYANA MEDICAL RELIEF

A California Public Benefit Non-Profit Corporation
P.O. Box 451745, Los Angeles, CA 90045
Tel. 1-855-466-5887
Tax I.D. # 95-4192121

MEMBERSHIP FORM

Benefits:

- ***Play an important part in saving lives and reducing suffering in Guyana***
- ***Invitation to Fundraising social functions***
- ***GMR Newsletter***
- ***Invitation to GMR's Annual Membership Luncheon Meeting***

NAME: _____

ADDRESS: _____

_____

_____

EMAIL: _____

Annual Membership Dues

☐ $35.00 Individual ☐ $50 Family *Date:* _____

I prefer to join the group of Sustainers who supply constant funding to keep the important work of GMR going.

☐ **$1000 Platinum** ☐ **$750 Diamond** ☐ **$500 Gold**

☐ **$250 Silver** ☐ **$100 Bronze** ☐ **Donation $**_____

I enclose my: ***Date:*** _____

☐ **Annual** ☐ **Semi-Annual** ☐ **Quarterly** **Sustainer Dues**

THANK YOU!
The People of Guyana appreciate your support.
Please make all tax deductible checks payable to Guyana Medical Relief.
More information on GMR can be found online at
www.guyanamedicalrelief.com

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