

LITTLE CITIES OF BLACK DIAMONDS COUNCIL

Membership 2008

Be Part of Something Special!!!



check All That Apply:

- () I would like to become a member by contributing: () \$20 () \$50 () \$100 () Other \$ _____
- () In addition to my check, please contact me to volunteer with projects of the Council.
- () Rather than contribute financially, I would like to become a member by volunteering when possible.

Membership Name _____

Address _____





City _____ State _____ Zip Code _____

Phone Number _____ E-Mail _____

Pay By Credit Card, Check or Money Order

Return to Little Cities of Black Diamonds Council; P. O. 128; Shawnee, Ohio 43782

Credit Card Payments:

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	AmEx®		Discover®		MasterCard®		Visa®
*Enter Credit Card Number				*Expiration Date			
<input type="text"/>				<input type="text"/> / <input type="text"/>			