



Membership Invitation

Today's Date: _____
Referred By: _____

Yes, I accept your invitation to become a member of ISCC

First Name _____ Middle Initial: _____ Last Name: _____

Date of Birth: Month _____ Day _____ Spouse / Partner Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Preferred Number: Home Work Cell Email: _____

Home Address _____ Work Address: _____

City _____ State _____ Zip Code _____ City: _____ State: _____ Zip Code: _____

Company Name: _____ Yes, my company has a matching gift program (*obtain your company's **matching gift form**, fill out the "Donor" section, and mail it to ISCC when you send your donation*)

Please indicate your membership level below

- Monthly \$100 \$75 \$50 \$30 Other \$ _____
- Annual \$1,000 \$500 \$250 \$100 Other \$ _____
- I would like to make a onetime contribution of \$ _____

YOUR MEMBERSHIP IS 100% TAX DEDUCTIBLE

PAYMENT Method: Credit Card Check (**please make checks payable to: ISCC**)

AMEX MasterCard Visa Amount: \$ _____

Credit Card #: _____ Exp. Date: _____ 3 or 4 Digit Security Code _____

Name as it appears on Credit Card: _____ Billing Zip Code: _____

Signature: _____ Date: _____

I would like to volunteer. Area(s) of interest(s): _____

Our starting membership goal is **30 members a month!** Please help us reach our goal.

I would like you to send the ISCC membership invitation form to:

Name: _____ Email: _____

Name: _____ Email: _____

Please mail or fax form to:

ISCC

16808 Armstrong Ave. Ste. 170

Irvine, CA 92606

Tel: 949-679-9911 or 818-775-9264 ■ Fax: 949-679-3399 ■ www.iscc-charity.org