

MEMBERSHIP / SPONSOR APPLICATION

**ABONNEMA FOUNDATION
P. O. Box 613195
Dallas, Texas 75261-3195
www.abonnemafoundation.org**

For Community Goodwill and Action:

AF Reference #: _____ - _____ - _____ (For office use only)

Please complete this form and return it with payment of your registration fees or contributions. (PLEASE PAY TO ABONNEMA FOUNDATION, INC.)

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Email _____

Registration fee is \$100.00. However, we welcome contribution from non members. You may pay by check, money order or Pay Pal.

I want to SIGN UP as a member of the Abonnema Foundation: Membership Registration Fee, amount enclosed: \$ _____

CONTRIBUTOR: I am making a tax-deductible contribution to Abonnema Foundation to support your Community Goodwill agenda for social, cultural, educational, advocacy, and health programs.

Please check desired box: () \$1,000 () \$500 () \$250 () other \$ _____

PROGRAM / EVENT SPONSOR:

Please check desired box: () \$10,000 () \$5,000 () \$1,000 () other \$ _____

Program / Event Sponsored (specify): _____

Applicant's Signature: _____ Date: ____ / ____ / ____

Contributions or donations to Abonnema Foundation, Inc. are deductible as charitable contributions for federal income tax purposes.