

**HOLY TRINITY
GEORGE & TULA CHRISTOPHER
CENTER**

**999 Brotherhood Way~San Francisco, CA 94132
Tel: 415.406.1260 ~ Fax: 415.406.1262 ~ center@holytrinitysf.org**

MEMBERSHIP & DONATION FORM

Name _____

Address _____

City _____ Zip _____

Phone _____ email _____

ANNUAL MEMBERSHIP DONATION

Individual: \$125

Family: \$300

I/we understand that my/our participation in the activities of the Center will be at my/our own risk. Knowing this I/we hereby voluntarily release the Holy Trinity Center, Holy Trinity Church, the activity instructors, and all personnel of the Holy Trinity Center and Holy Trinity Church from any and all liability resulting from my/our participation in the activities offered at the Holy Trinity Center.

I/we understand that some areas of the Center (such as the weight room and billiards room) are available only to persons of a specific age level.

I/we understand that some courses and activities will require additional registration fees, separate from the annual membership donation.

Signature _____ Date _____

(parent's signature if under 18)

TAX DEDUCTIBLE DONATION

I do not wish to become a member of the Christopher Center, but would like to contribute to its betterment. I would like my tax deductible donation to be used:

- for the improvement of the weight room.
- for the purchase of basketball equipment.
- for the purchase of a trophy case.
- for the purchase of new televisions.
- as the personnel of the Christopher Center see fit.

AMOUNT OF TAX DEDUCTIBLE NON-MEMBERSHIP DONATION \$ _____

PAYMENT INFORMATION

My check (payable to Holy Trinity Church) is enclosed in the amount of \$ _____.

I wish to donate by credit card. [] Visa [] M/C Card # _____

Expiration Date ____/____ Dollar Amount: \$ _____ Signature _____