



## 2025 MEMBERSHIP FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Membership: \$100/year

Please mark one:

\_\_\_ CHECK \_\_\_ CREDIT CARD

NAME ON CARD: \_\_\_\_\_

CARD #: \_\_\_\_\_

EXP. DATE: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_

*Please make checks to: Harrington Cancer and Health Foundation*

*Return Form to:*  
HARRINGTON CANCER  
AND HEALTH FOUNDATION  
1732 HAGY BLVD.  
AMARILLO, TEXAS 79106

*Join Online:*  
**HCHFAMARILLO.ORG**

*Contact Us:*  
806-331-3936  
info@hchfamarillo.org

### *Invite a Friend:*

Do you know other women that would be interested in joining the Women's Circle?  
Please list their name, address, and email below, and we will send them information.

_____	_____
_____	_____
_____	_____
_____	_____



A PROGRAM OF  
HARRINGTON  
CANCER and HEALTH  
FOUNDATION