



To become a member, or sponsor CFDS, or to volunteer your services at CFDS office, please fill in the information below.

Membership:

_____ Yes, I would like to become a member.

Individual: _____ (\$15.00) Couple: _____ (\$25.00)

Sponsorship:

_____ Yes, I would like to help sponsor CFDS.

Enclosed is my check for \$_____ to promote the Center's services and programs.

___ *Supporter* - \$50.00

___ *Sponsor* - \$100.00

___ *Benefactor* - \$250.00 or more

Volunteering:

_____ Yes, I would like to volunteer at CFDS.

Name: _____

Address: _____

City: _____ State: _____

Phone: _____ TTY VP VOICE

E-mail: _____

Please make check payable to: **Central Florida Deaf Services Inc.**
1811 Richmond Road
Lakeland, Florida 33803