

Annual CDCSB Membership

Contact Name _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-Mail _____

Membership Renewal New Membership

____ **Yes**, I would like to offer financial support. My contribution of \$ _____ is enclosed.

- | | |
|--|----------------|
| <input type="checkbox"/> Member | \$10-\$99 |
| <input type="checkbox"/> Sustaining Member | \$100-\$499 |
| <input type="checkbox"/> Partner | \$500-\$1,999 |
| <input type="checkbox"/> Patron | \$2,000 and up |

Please make checks payable to **CDCSB**.

The *CDC of South Berkshire* is a 501(c)3 Non-Profit. Your contribution is tax deductible to the extent allowed by the law.

CDC of South Berkshire, P.O. Box 733, Great Barrington, MA 01230