

HELLENIC CULTURAL SOCIETY OF SAN DIEGO MEMBERSHIP

*P.O. Box 502315 * San Diego * California* 92165*

Enclosed is my \$100 tax deductible payment for my **Annual Membership**

YES! I would like to support our Society with my enclosed **additional donation** of \$_____

Checks payable to: Hellenic Cultural Society of San Diego, OR , fill out the credit card information below or on website Please circle; Visa / Mastercard

Name _____ *Expiration Date* _____

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Member Information; Name _____ **Phone:** _____

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