



WANT TO BECOME A MEMBER?

YES, I want to help the fight against cancer.
Enclosed is a check in the amount of \$_____.

Name _____

Address _____

City, State & Zip _____

Phone: Home _____

Phone: Work _____

Phone: Cell _____

Email _____

Membership Type (please circle):

- Single Membership: \$35.00
- Life Membership: \$250.00 (per person)
- Contribution Only: \$_____

Please make checks payable to Cancer Crusaders, Inc. and mail to:

Cancer Crusaders, Inc.
PO BOX 7911
Metairie, LA 70010-7911

Thank you for your support!