



Rottweiler Health Foundation
2011-2012 Membership or Renewal
APPLICATION
Funding Health Research

Liz Wertz, President
Dorothy Stringer, Vice President
Donna B. Rice, Secretary
Bob Beaupre, Treasurer
Teresa Bradley, Director
Linda Gunderson, Director
Roberta Martin, Director



Membership Levels

Sponsor: \$500 in donations
Guardian: \$1,000 in donations
Patron: \$2,500 in donations
Select: \$5,000 in donations
Benefactor/Lifetime: \$10,000 in donations
Breeder's Challenge: \$18,000+ in donations

Members are allowed to accumulate donation amounts. The amount is carried over to be built upon by donations, during subsequent years. The first donor to reach a level above Benefactor, in \$5000 increments, will have the privilege of naming the level.

The Rottweiler Health Foundation is a 501(c)(3) charitable organization. Donations are deductible to the full extent of the law.

please check all that apply:

Annual membership fee is \$50.
Annual memberships run from July 1 through June 30.

- I/we would like to renew membership with the Rottweiler Health Foundation. Here is my/our check in the amount of \$ _____.
- I/we would like to become a member of the Rottweiler Health Foundation! Here is my/our check in the amount of \$ _____.
- I/we would like to pledge a contribution of \$ _____ for every puppy that I/we sell and/or every stud fee that I/we collect, in addition to the membership donation above.
- I/we wish to make a donation to the Rottweiler Health Foundation in the name of a special Friend and/or Rottweiler. I/we have enclosed a donation of \$ _____ in memory of _____.
- I/we regret that I'm/we're unable to join the Rottweiler Health Foundation at this time, but I/we have enclosed a donation of \$ _____.

Name(s): _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Signature(s): _____

- My/our check payable to the Rottweiler Health Foundation is enclosed.
- I/we have paid our membership dues via PayPal to rottweilerhealth@comcast.net
- Please charge my: Visa Mastercard American Express Discover

Credit card number _____

Expiration _____

Cardholder's Name _____

Cardholder's Signature _____

Please send the completed membership application and dues made payable to the **Rottweiler Health Foundation** to:

Linda Gunderson, Membership Chair
Rottweiler Health Foundation
24422 Avenida de la Carlota, Suite 295
Laguna Hills, CA 92653-3669

The Rottweiler Health Foundation is a 501(c)(3) charitable organization. Donations are deductible to the full extent of the law.