DCHS Membership Form 2027

Choose Your Membership Level

$25 Individual	☐	$40 Family	☐
$100 Friend	☐	$250 Patron	☐
$500 Sponsor	☐	$1000 Partner	☐

Name _____

Address _____

_____

City _____

State **Zip** _____

Phone _____

Email _____

AMOUNT ENCLOSED ☐

DCHS Membership runs from October 1, 2026 through September 30, 2027.

THANK YOU!