



Membership Levels

June 1, 2020 - May 31, 2021

When you become a member, you not only invest in our vital mission, but also receive discounts on programs, events and other benefits outlined below.

Investing Member* - \$500/year or \$750/year for couple [\$250, 25% savings]*

(approximately \$445 | \$640 tax deductible)

- ♦ **Vote on final slate of grant recommendations (two per couple)**
- ♦ Complimentary admission to the Annual Meeting (two per couple)
- ♦ Complimentary invitation to Legacy Society & Investing Members Lunch at Quail Hollow Club (two per couple)
- ♦ Discounts on lunch & learns and other programs
- ♦ Recognition as an "Investing Member" on website, e-newsletter, Annual Report, at Annual Meeting and Community Health Classroom

Supporting Member - \$150/year or \$250 per couple [\$50, 17% savings]

(\$150 | \$250 tax deductible)

- ♦ Discounts on lunch & learns and other programs
- ♦ Recognition as a "Supporting Member" on website, e-newsletter, Annual Report, at Annual Meeting and Community Health Classroom

Young Professional Member - \$75/year or \$125 per couple [\$25, 17% savings]

Eligible if under 41 yrs old (\$75 | \$125 tax deductible)

- ♦ Discounts on lunch & learns and other programs
- ♦ Recognition as a "YP Member" on website, e-newsletter, Annual Report, at Annual Meeting and Community Health Classroom

Emeritus Member - \$50/year

Eligible if member since 1970. (\$50 tax deductible)

- ♦ Discounts on lunch & learns and programs
- ♦ Recognition as an "Emeritus Member" on website, e-newsletter, Annual Report, at Annual Meeting and Community Health Classroom

***Savings when comparing cost of two memberships at select level.**

*Please contact contact@healthycharlottealliance.org should you wish to pay your Investing Membership in two (2) installments. Must be paid in full by December 31, 2020.



Membership Form

June 1, 2020 - May 31, 2021

Name(s) as you prefer to be listed: _____

If selecting a couples membership, please be sure to complete information for both members.

Address: _____

Preferred phone(s): _____ Birthday(s): _____

Email address(es): _____

Please select your membership level:

- | | |
|-------------------------------------------------------------------|--------------------------------------------------------|
| <input type="radio"/> Investing Member (\$500) | <input type="radio"/> Investing Member Couple (\$750) |
| <input type="radio"/> Supporting Member (\$150) | <input type="radio"/> Supporting Member Couple (\$250) |
| <input type="radio"/> YP Member (\$75) | <input type="radio"/> YP Member Couple (\$125) |
| <input type="radio"/> Emeritus Member (\$50 - member since 1970.) | |

☐ Please select if you also wish to make a 100% tax-deductible **Angel Donation (\$100)**:

☐ My gift is in memory of _____

☐ My gift is in honor of _____

Please notify the following of my gift: (name and address)

☐ Please select if you wish to learn more about joining our **Legacy Society** by making a simple bequest to Healthy Charlotte Alliance.

Please total the above and make your check payable to
Healthy Charlotte Alliance and mail to the address below.

You may also process your membership online at www.healthycharlottealliance.org.
You will receive a receipt for the tax-deductible amount of your selected membership level.