



Hudson Family Foundation Registration Form

___ YES, I would like to become a Hudson Family Foundation Team of Friends Sponsor. I understand my membership fee is \$5,000.

___ YES, I would like to become a Hudson Family Foundation No-Hitter Sponsor. I understand my membership fee is \$3,000.

___ YES, I would like to make a flat donation in the amount of \$ _____ to the Hudson Family Foundation.

Company _____

Name _____ **Spouse** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone () _____ **Cell Phone** () _____

E-mail Address _____

___ I have included a check for \$ _____, which is my membership fee for the Hudson Family Foundation Sponsorship Package chosen above.

___ Please charge my credit card \$ _____, which is my membership fee for the Hudson Family Foundation Sponsorship Package chosen above. My credit card information is listed below.

Name as it appears on credit card _____

Billing Address (if different from above) _____

City _____ **State** _____ **Zip Code** _____

VISA MC DISC AMEX (circle one) **Credit Card Number** _____

Expiration Date _____ **Verification Security Number** (on back of card) _____

Cardholder's Signature _____