

**Santa Cruz Zen Center  
Member Pledge Form 2018 - 2019**

Thank you for supporting the Santa Cruz Zen Center (SCZC) with your membership pledge. On the back of this sheet, please let us know what offerings you would like to see, or see more of, at the SCZC. Do you have any other observations or ideas that you would like the leadership to consider? If so, please let us know.

Please return this form to SCZC Attn: Membership Subcommittee of the Board.

**Member Information**

*Your address will be used to mail you an end-of-year statement for the purposes of tax-deductions and may also be used for other communications from SCZC. Your information will be kept confidential.*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Address) (City) (State) (Zip)

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to be contacted by email with information about events and special occasions?  Yes  No

**Pledge**

Please indicate your total annual pledge and desired membership level by checking the appropriate box:

**Sustaining Member** (\$40.00 or more per month)

- After one year of membership, you automatically become a voting member and are eligible to serve on the Board of Directors.
- Full use of our library to check out books, tapes, and CD's.
- Discounts on classes, sesshins, and other center activities.

**Contributing Member** (less than \$40.00 per month)

- Same as sustaining member without the discounts on classes.

I plan to make my membership payments to the SCZC in the amount of \$ \_\_\_\_\_ every  
\_\_\_\_\_ Month \_\_\_\_\_ 3 Months \_\_\_\_\_ Six Months \_\_\_\_\_ Year (Circle one)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Method**

**Automatic:** To sign up for automatic deductions from your bank account click on the "donate" button on this page: <http://www.sczc.org/membership.html>.

**Checks:** Please make out to Santa Cruz Zen Center and mail to 113 School Street, Santa Cruz, CA 95060.

**Emergency Contact**

In the unlikely event that you fall ill or some other emergency occurs at the Zen Center, please supply us with the following emergency contact information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_