Send in your membership renewal form to make sure your issue of the Communicator keeps coming!

You can also designate a donation on behalf of your child, grandchild, or other child in your life who is deaf or hard of hearing.

Support an organization that is changing the world for our kids!

Thank you,

Tracy McGurran, President
Colorado Families for Hands & Voices
Board of Directors
Dear Friend,

It's time to renew your 2016 membership to Colorado Families for Hands & Voices. Please take a moment now to return this form to help us continue to develop and disseminate resources designed to give families unbiased information for their children who are deaf or hard-of-hearing.

Your annual contribution helps keep these resources available, and we are grateful for your support. We hope you will take this opportunity to renew your membership with CO Hands & Voices today. If you have already sent in your 2016 membership, we thank you!

**Membership Dues for 2016**

Please indicate your membership type by checking a box below:

☐ Parent of deaf/hh child: $25  
☐ Deaf or hard of hearing adult: $25  
☐ Student: $25  
☐ Professional: $40  
☐ Organization/agency: $100 (Five newspapers to address)  
☐ Community Member $30  
☐ Other donation: $__________

**TOTAL: $__________**

☐ My donation is given in honor of ________________________ (a child, a relative, a special person in your life). We would like to honor your donation by publishing your name and that of your designee.  
☐ **Please check here if you prefer to remain anonymous.**

**Payment Information**

**Check One:**

☐ My check for $_______________ is enclosed. Please make checks payable to: CO Hands & Voices  
☐ Please charge my credit card $____________. Circle one: Visa Master Card American Express

Card Number:________________________ Exp. Date:_____/____ (Mo./Yr.)

Cardholder's Name:________________________ Signature:________________________

Cardholders billing address: Street:________________________

City:________________________ State:________________________ Zip code:________________________

Please update your address and other information if there has been a change:

Family Names ____________________________

Address (If different from above) ____________________________

City________________________ State________________________ Zip __________________________

Phone (_______)________________________ E-mail __________________________

Childs month and year of birth (month/year) __________________________

School grade and school district for fall 2016 __________________________

☐ Please remove my name from your mailing list. (Add reason if desired)

☐ PLEASE ADD MY NAME to Receive the newspaper as a SCHOLARSHIP (send no money)

☐ Please add my email listed above to the monthly e-news.

Return completed form to: Colorado Families for Hands & Voices, PO Box 3093 Boulder, CO 80307 or scan and email to gbys@cohandsandvoices.org. Donations are tax deductible.

Colorado Families for Hands & Voices is a non-profit 501(c)(3) organization EIN #: 84-1393822