



The Birthday Club

A Project of The Children's Health Council Auxiliary

It's as easy as 1 – 2 – 3!

Step 1

Enroll your friend or family member with a \$5 minimum annual membership donation.

Step 2

Birthday Club volunteers will mail your friend or family member a birthday card signed in your name.

Step 3

A confirmation and a reminder to renew your membership will be sent to you.

All proceeds go to support CHC programs and services!

Use the following Enrollment Form
to start your memberships today!



The Birthday Club

Of The Children's Health Council Auxiliary

Enrollment Form

YES, I want to enroll someone (i.e. parents, new baby, grandchild, friend, relative, etc.) in **The Birthday Club!** I understand that by enrolling and renewing annually, The Birthday Club volunteers will send a birthday card to this person each year.

Your Name (Donor): _____

Your Address: _____

I would like to enroll*:

Name: _____ Birthdate: _____

Address: _____

Please have birthday card signed from: _____

**If you are enrolling more than one person, please continue on the next page.*

Enclosed is my contribution of \$ _____ for this year's membership dues.
(\$5 min. *per* person enrolled)

Please make checks payable to: **The Children's Health Council Auxiliary**

Please mail completed form(s) and payment to:

**Attn: The Birthday Club
The Children's Health Council Auxiliary
650 Clark Way
Palo Alto, CA 94304**



"Where families get answers and kids get help!"

Founded in 1953, **The Children's Health Council (CHC)** is a nonprofit, community organization dedicated to making a measurable difference in the lives of children who face behavioral and developmental challenges.

The CHC Auxiliary is an organized volunteer division of The CHC whose role is to provide volunteers and raise funds for programs and operations.

The Birthday Club is an ongoing fundraising project of The CHC Auxiliary. All membership contributions go towards CHC services for children and families.

Use this page if you are enrolling more than one person.

Name #2: _____ Birthdate: _____

Address: _____

Please have birthday card signed from: _____

Name #3: _____ Birthdate: _____

Address: _____

Please have birthday card signed from: _____

Name #4: _____ Birthdate: _____

Address: _____

Please have birthday card signed from: _____

Name #5: _____ Birthdate: _____

Address: _____

Please have birthday card signed from: _____

Name #6: _____ Birthdate: _____

Address: _____

Please have birthday card signed from: _____

Thank you for your support of The Children's Health Council.