

FADDEL INC. Membership Application

FADDEL INC. welcomes the support of individuals and businesses through our membership program. Members are those who wish to commit to a monthly/yearly payment to fund our on-going mission to build and growth Latibolière, Haïti.

Member Information

Name Address City _____ State____ ZIP_____County____ Telephone _____ Email _____ Web site _____ **Additional Information** (for businesses only) Organization Name_____ Business Owner Name _____ Business Owner Email ______ (if different from Business Owner fill Below) Contact Person_____ Title_____ **Yearly Payments** (Please select the appropriate category) Individual membership \$50 Business membership \Box \$500 More than above \Box

Memberships are not charitable contributions and as such are not tax

deductible. Should you wish to make a tax deductible charitable	
contribution in addition to joining as a member, please check the	box
below and indicate the total amount of your payment.	
☐ Charitable contribution enclosed with individual membershi	p.
Total payment = \$ (Example: \$50 Individual members	hip +

Final Checklist√

Make checks payable to **FADDEL INC.** and return this completed form and payment to: FADDEL INC, PO Box 1737 Spring Valley, NY 10977. *Please make a copy of this completed form and keep it for your records.*