



2019-2020 MEMBERSHIP RENEWAL FORM

Name: _____

E-Mail: _____

Address: _____

Home Phone: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Mobile Phone: _____

**Please indicate any changes to your information above*

MEMBERSHIPS Support club events, team activities, and the club's operating fund.

Please indicate your membership choice below:

____ \$50 (Senior) ____ \$75 (Individual) ____ \$150 (Family) ____ \$250 (Business)

FUND FOR EXCELLENCE Donations directly support the Women's Basketball program.

I would like to make a gift of \$_____ to the Women's Basketball Fund for Excellence.

INTERNATIONAL TRAVEL FUND

I would like to make a gift of \$_____ to the Women's Basketball international travel fund.

TOTAL PAYMENT \$_____

PAYMENT METHOD: Visa / Mastercard / Discover / American Express

Credit Card # _____ Exp Date _____ Sec Code _____

Name on Card _____

____ Enclosed check payable to "Bulldog Foundation" (memo – "Hoop Club")

**Return form & payment to The Bulldog Foundation, PO Box 26267, Fresno, CA 93729-6267
559.278.7160 | bulldogfoundation.org | bulldogfoundation@mail.fresnostate.edu**