

Zigen Membership Form

Please print out this form, fill it out and mail it with your tax-deductible donation to The Zigen Fund, 213-37 39th Ave., Suite 355, Bayside, NY 11361USA.

Name: _____ [In Chinese: _____]

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

- I would like to become a supporting member and make a tax-deductible contribution to The Zigen Fund:
 \$50 \$100 \$150 \$200 \$250
 \$500 \$1,000 \$ _____

Please make checks payable to The Zigen Fund

Stocks or securities _____

Does your company have a matching gift fund? Yes No
If yes, your company's name and address:

Indicate what kinds of projects you think The Zigen Fund should support. Your suggestions will be taken into consideration by the project committee.

- Basic education
 Basic health care
 Small-scale economic development
 Others: _____

Please contact me to help with the work on The Zigen Fund.