



2018 Women's Circle Membership Form

Name: _____

Address: _____

Email: _____

\$100 Individual Membership

_____ Enclosed is my check made payable to Harrington Cancer and Health Foundation. Please return in the envelope provided or mail to:
HCHF Women's Circle
500 S. Taylor, #223
Amarillo, TX 79101

_____ To pay by credit card, please call 806.331.6936 or visit our website at www.hchfamarillo.org.

2018 Meeting Dates

February 8th, May 10th, August 9th and November 8th

**All meetings will be held at Amarillo National Bank, Plaza One, 16th Floor Skyline Room
410 S. Taylor Street**

Do you know other women that may have an interest in joining the Women's Circle?
Please list their name, address and email below and we will send them information.

