



Renewal **New Member**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

(Due to the increased cost of postage, EYS would like to use email as much as possible)

I am interested in assisting EYS in the following areas:

- | | |
|--|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Grants Submission |
| <input type="checkbox"/> Positively Pink in Pittsford Walk | <input type="checkbox"/> Fashion Show |
| <input type="checkbox"/> Public Relations/Marketing | <input type="checkbox"/> Board of Directors Position |
| <input type="checkbox"/> Silent Auction | <input type="checkbox"/> Fundraising |

Membership Dues: \$20.00

Please return this form with your check (made payable to Embrace Your Sisters) to:
Embrace Your Sisters ~ PO Box 322 ~ Canandaigua, NY 14424

Your Membership Includes:

Attendance to all Member meetings and voting rights.
The opportunity to help those faced with a diagnosis of breast cancer.

Should you have any further questions, please feel free to call EYS at 585-624-9690

Embrace Your Sisters is a non-profit organization that financially assists people diagnosed with breast cancer who reside in Ontario, Monroe, Livingston, Steuben, Yates, Seneca and Wayne counties.

With your help, we will be able to continue our fight and help those in need.

www.EmbraceYourSisters.org