



CDTC Transformers

Transforming the lives of children

Yes, I commit to be a part of the CDTC Transformers. Annual membership requires a minimum \$600 donation.

I prefer to have my donation billed:

monthly (min \$50/month)

quarterly (min \$150/quarter)

annually (min \$600/year)

In my role as a Transformer, I look forward to helping CDTC with many of the following needs and am most excited about these specific efforts: (please put a check next to your top 3)

Making connections / introducing new Transformers

Locating in-kind services

Locating Resources

Serving in Leadership role

Transformers Receptions

CDTC Open Houses

Marketing / Public Relations

Networking

Other _____

Payment Information:

I authorize CDTC to charge my credit card \$ _____ monthly, quarterly, annually (circle one)

Name (as it appears on credit card): _____

Billing Address: _____

City: _____ State: _____ Zip : _____

Phone: _____ Email: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Please return this registration form to: Children's Diagnostic & Treatment Center
C/O Dr. Ana Calderon 1401 South Federal Highway - Fort Lauderdale, FL 33316