



## Arizona Chapter Donation/Membership Form

Today's Date The Defender newsletter - add a language: [French](#) [German](#) [Italian](#) [Spanish](#) [Portuguese](#)

First Name Last Name

Email Address Donation Amount

Would you like to become a member? Requires minimum \$10 donation.  
*Respond with: Yes, No, or Already a Member*

Street Address

City State or Province Zip/Postal Code

Country Phone  *I agree to receive text messages from CHD. Msg/data rates may apply. Opt out at any time.*

### • Optional: Demographic Information •

*To determine how you may be able to help in our legal efforts and initiatives, we are requesting demographic information about you and your family.*

Your Age: 18-25 years, 26-45 years, 46-65 years or 66+ years

Ages of children, if any

**Occupation:** Other, Attorney, Medical Professional, Dental Professional, Journalist, Marketing

Would you like to be a CHD volunteer?

Please tell us about any special talents that you could provide as a volunteer?