



Membership Level:

Individual.....\$25 Supporter.....\$250

Senior/Student.....\$15 Organization.....\$100

My principal concern is:

Affordable Rental Housing

Senior Housing

Planning and Zoning Issues

Efforts to maintain Diversity

Other _____

YES, I want to be a member. Enclosed is my membership contribution of \$_____

Name _____

Address _____

Phone (Day) _____ (Evening) _____

E-mail _____

CECD is a non-profit organization, qualifying as a 501(c) 3 tax-exempt organization

Please make checks payable to: CECD

Mail to:

Coalition for Equitable Community Development
1525 E. 53rd Street, Suite 902
Chicago, Illinois 60615