



Name _____

Address _____

City, State, Zip _____

Phone _____
work cell/home

Name of Employer _____

Work e-mail _____

Home e-mail _____

I'm interested in
these committees:

- ___ Membership
- ___ Marketing
- ___ Volunteer Projects
- ___ Power of the Purse

My Total Gift \$ _____

- Sister** (\$250-\$1000) **Sponsor** (\$1000+)
- I already donate through payroll deduction.

NEW Donation (select one of the options below)

- Will complete a payroll deduction form with my Human Resources Department.
- Cash or Check enclosed. Check Number _____
- Credit/Debit Card _____ Visa _____ MC (\$50 minimum)
Quarterly/One time in _____ month (Circle one)

Card No: _____ Exp. Date _____

- Bill Me Quarterly/One time (Circle one) in _____ month

Signature (required) _____ Date _____