

I wish to be a Women for Women Philanthropist by joining or renewing my membership in Women for Women.

Membership Levels: \$1000 Visionary \$500 Mentor \$250 Advocate \$100 Patron \$25 Junior Assoc. (age 25 and under)

Enclosed is my check for _____ or Charge My Credit Card (See Form on Back).

NAME _____ PHONE _____

STREET OR PO BOX _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

Return card with payment to:
WOMEN FOR WOMEN
PO Box 31167
Greenville, NC 27833

Thank you being a Philanthropist for Women for Women!
Your gift is 100% tax deductible. An acknowledgment
will be sent for your records.

www.womenforwomenpittcounty.org

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS: STREET or PO BOX _____

CITY _____ STATE _____ BILLING ZIP CODE _____ BILLING PHONE _____

PLEASE CIRCLE ONE: AMEX DISCOVER MC VISA AMOUNT TO BE CHARGED*: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: (DISCOVER, MC, VISA - 3 DIGITS ON BACK) (AMEX - 4 DIGITS ON FRONT) _____

SIGNATURE OF CARDHOLDER: _____

EMAIL OR CELL PHONE NUMBER FOR RECEIPT: _____

* A 3% FEE WILL BE ADDED TO THIS AMOUNT. CREDIT CARD INFORMATION IS NOT RETAINED AND WILL BE DESTROYED AS SOON AS TRANSACTION IS APPROVED.