



Membership Form

Annual Dues Commitment

By giving to the Women Who Care Fund you can help enrich the lives of women and children in Elk County

DATE _____

- Membership Year runs from Oct 1st to Sept 30th
- Dues must be paid by June 1st of membership year
- Annual Meeting is held in October
- A Spring Social Gathering is enjoyed by our 200+ members

MEMBERSHIP INFORMATION

Name _____

Address _____

Phone _____ Email _____

_____ I am a New Member _____ I am Renewing my Membership

MEMBERSHIP CATEGORY

Enclosed is my check for \$ _____

- _____ Rose Member \$1,000 and up
- _____ Lily Member \$500 - \$999
- _____ Carnation Member \$250 - \$499
- _____ Daisy Member \$100 - \$249

PAYMENT INFORMATION:
 Please make check payable to **ECCF Women Who Care Membership** and mail to the address below.

Or payment may be made by Credit Card (circle one):
 Master Card Visa Discover American Express

Card Number _____
 CSC _____
 Expiration _____

Name on Card _____

If different than above, please provide:
 Billing Address _____

 Email _____
 Phone _____

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