

Women making a difference Together

Burke County | North Carolina




Burke
WOMEN'S FUND

Join Today

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- Yes, I will join Burke Women's Fund by contributing \$365 per year for 3 years. Method of payment for the first year: _____ Check Enclosed: _____
- Yes, I am 35 years or younger and will join Burke Women's Fund by contributing \$150 per year for 3 years or until I reach the age of 36. Method of payment for the first year: _____ Check Enclosed: _____
- Yes, I have been a donor for 3 consecutive years and wish to renew my membership annually hereafter. Method of payment: _____ Check Enclosed: _____
- Yes, I would like to make a contribution to the Burke Women's Fund Endowment in the amount of _____ Check Enclosed: _____
- Yes, I would like to be a corporate sponsor contributing \$500 annually. Method of payment: _____ Check Enclosed: _____
- Yes, you may include my name in membership materials.
- I am interested in learning more about the Burke Women's Fund. Please contact me.

Please Make Checks Payable To
Community Foundation of Burke County *(Note BWF on the check)*

Mail To Community Foundation of Burke County
PO Box 1156 | Morganton, NC 28680

Visit us online at www.cfburkecounty.org
Click on >DONATE NOW