



Investing in the needs and promise of our women and families

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 first year: Check Enclosed

Yes, I am 30 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 30. Method of payment for 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 for: 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. been a donor for 3 consecutive years

Method of payment for: Check Enclosed

Yes, you may include my name in membership materials. .

Yes, I am interested in learning more about the Burke Women's Fund. .

PLEASE MAKE CHECKS PAYABLE TO:

Community Foundation of Burke County (CFBC). Note BWF on the check.

MAIL TO: Community Foundation of Burke County

PO Box 1156

Morganton, NC 28680-1156

PayPal: Click on Donate Now button