



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 _____

Elk County Community Foundation

P.O. Box 934, 32 South St. Marys Street, Suite 4, St. Marys, PA 15857

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