



## 2016 MEMBERSHIP FORM

**Yes, I want to become a member of The Women Givers of Nash-Rocky Mount.** I hereby contribute \$250.00 for membership in the year 2016.

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Phone (h) \_\_\_\_\_ (cell) \_\_\_\_\_ (w) \_\_\_\_\_

Payment Options: (Your contribution is tax-deductible.)

- My check is enclosed.
- Charge my Visa/MasterCard for my payment.
- Stock gift (please contact the NCCF office at 919-256-6914 to obtain transfer information)

Name as it appears on card \_\_\_\_\_  Visa  MasterCard

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Please mail completed form along with payment to: The Women Givers of Nash-Rocky Mount, c/o North Carolina Community Foundation, P. O. Box 7394, Rocky Mount, NC 27804. For more information, please contact Kelly Lee at [klee@nccommunityfoundation.org](mailto:klee@nccommunityfoundation.org).