



*Yes, I want to join GWC!*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Email \_\_\_\_\_

*Contributions*

**Annual Membership:** I pledge \$550 annually for a three-year period, due by December 31st for the following year. (*\$400 for GWC grant award fund; \$100 for GWC endowment; \$50 for GWC operating expenses and GCCF administrative fee*)

\$ 550 Annual Membership

*In addition, I would like to contribute:*

\$ \_\_\_\_\_ to the GWC granting fund

\$ \_\_\_\_\_ to the GWC endowment

\$ \_\_\_\_\_ **TOTAL**

Please contact me about gift memberships and/or contributions in honor or memory of someone.

*Photo and Video release:* I hereby authorize Greenwood Women Care and the Greenwood County Community Foundation and their representatives and employees to use photos and videos of me in print or web materials related to GWC or GCCF, with or without my name, for any lawful purpose such as publicity, website content or news items.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to: GCCF, memo Greenwood Women Care

Mail form and payment to: GCCF, 929 Phoenix St., Greenwood, SC 29646

Annual memberships and other contributions may be made online: [greenwoodcf.org/greenwood-women-care](http://greenwoodcf.org/greenwood-women-care)

*Greenwood Women Care is an initiative of the Greenwood County Community Foundation, a 501(c)3 tax-exempt, public foundation.*

*Contributions as are fully deductible to the extent permitted by law.*