



Become a Member- Make A Difference!

Yes, I want to help improve the lives of West Michigan women and their families with my WRC membership.

The amount of my tax-deductible membership gift is:

- ___ \$ 1000 (Visionary)
- ___ \$ 500 (Mentor)
- ___ \$ 250 (Advocate)
- ___ \$ 100 (Builder)
- ___ \$ 50 (Friend)
- ___ \$ 20 (Student)

Name: _____

Address: _____

City/State/Zip: _____

Telephone (home): _____ (work): _____

(E-mail): _____

Enclosed is my membership check payable to Women's Resource Center

Please charge my: ___Mastercard ___Visa ___American Express

Exp. Date _____

Account Number: _____

Signature: _____

I would like to make my membership contribution in payments. Please bill me directly or charge credit card
___ monthly
___ Quarterly
___ Semi-Annually

Please clip and return this section to
Women's Resource Center
678 Front NW, suite 180
Grand Rapids, MI 49504

Email this information/form to WRC at chowell@grwrc.