## UNITED WAY OF MONMOUTH AND OCEAN COUNTIES' WOMEN UNITED 2018-2019 MEMBERSHIP FORM

	<b>Membership:</b> \$1,000 and a ittee, opportunity to Chair a sub		meetings, events and activities.
	<b>hip Step-Up Program:</b> \$ 500 cutive Member, billed for Year 1		) (3-year commitment) ontacted annually to confirm years 2 and 3
☐ Women United Members			
Serve on a subcommittee, att	end meetings and events, invite	d to participate in	year-round activities.
<b>CONTACT INFORMATI</b>	ON AND PAYMENT OF	TIONS:	
First Name	MI		Last Name
Home Address	City/Sta	te/ ZIP	
Home Phone	Cell Phone		Home Email
Company	Company Address		City/ State/ZIP
Company Phone with ext.			Company Email
Please check your preferred	payment method. Your gift will	be applied from J	uly 1, 2018 to June 30, 2019.
☐ Check payable to United \	Vay of Monmouth and Ocean C	ounties. Please wr	ite "Women United" on memo line.
☐ Credit Card: Total Gift of \$			
Name on Card:			
Credit Card #:	Exp.	Date:	Security Code:
Billing Address:			
Signature:			
☐ I am a current donor or ha	ve donated through my workp	lace campaign: \$	
☐ My pledge will be sponsor	red/matched by my employer.	Company name: _	

## PLEASE RETURN GIFT AND FORM TO:

United Way of Monmouth and Ocean Counties Women United 1415 Wyckoff Road Farmingdale, NJ 07727



Visit www.uwmoc.org/WomenUnited or contact Carolee Oross at 848-206-2035 for more information.