

UNITED WAY OF OLMSTED COUNTY WOMEN UNITED®

MEMBERSHIP FORM

This is my annual leadership contribution of \$ _____.

Women United members give a minimum of \$650.

My Women United membership provides support for early childhood education, including the Imagination Library program!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

I prefer to (check one):

Include my contribution in my annual campaign pledge.

Make my contribution with a direct payment by:

Check (payable to United Way of Olmsted County)

Credit Card: Visa MasterCard Discovery American Express

Account Name: _____

Account Number: _____

Expiration Date: _____

Send membership to:

United Way of Olmsted County
903 West Center Street, Suite 100
Rochester, MN 55902

United Way
of Olmsted County
uwolmsted.org

