

Pearls of Empowerment Member Information

Name _____ Address _____

City _____ State _____ Zip _____ Preferred Contact: Email Phone Mail

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

Enclosed full payment of \$365

Two or three installment contributions to be paid in months of _____, _____ and _____

I understand full payment is to be made no later than June 30 in order to be included as a voting member **annually**.

I am unable to become a member but have enclosed a donation of \$ _____ to the Pearls of Empowerment Endowment

Signature _____ Date _____

Please make check payable to the Davie Community Foundation and note "Pearls of Empowerment" in memo section.

Contributions are fully tax deductible to the extent permitted by law.

Send payments to Davie Community Foundation, P.O. Box 546, Mocksville, NC 27028