



Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

_____ Yes, I will join Burke Women's Fund by contributing \$365 per year for 3 years. Your name may be included in membership materials.

Method of payment for first year: _____ Check Enclosed _____ Please send me a pledge reminder.

Please make check payable to: Community Foundation of Burke County and mail to: PO Box 1156

Morganton, NC 28680

_____ I am interested in learning more about Burke Women's Fund, please contact me.

You may also call (828) 437-7105 or email info@cfburkecounty.org.

Thank you for supporting Burke Women's Fund with a tax-deductible gift.