



Investing in the needs and promise of our women and families

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

___ Yes, I will join Burke Women's Fund by contributing \$365 per year for 3 years.

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

Please make check payable to: Community Foundation of Burke County (CFBC)

Please mail check and pledge card to: CFBC, 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.