



## THE CENTER CIRCLE

**YES, I want to become a charter member of THE CENTER CIRCLE!**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (*circle preferred one*)

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

**Relative to my \$1,000 gift to support Women's Resource Center:**

Check enclosed: \$ \_\_\_\_\_

Please charge my:

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three-digit security code (*back of card*) \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Please charge \$ \_\_\_\_\_ per monthly (12-month limit)

Enclosed is my employer Matching Gift Form

I wish my gift to be anonymous

**Please contact the following individuals about *The Center Circle* Membership: (*please print*)**

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

**Please mail the completed application to: WRC, P. O. Box 1608, Hickory, NC 28603**

***Thank you for your support!***