

FREMONT AREA UNITED WAY
WOMEN UNITED
Membership

MEMBERSHIP APPLICATION		
Name:		
Home Phone:	Cell:	Home email:
Home address:		
Spouse:		
City:	State:	ZIP Code:
Employer:	Work email:	
Work Address:	Work phone:	

Pledge: \$250.00

_____ Enclosed is my check for \$250

_____ Please invoice me as follows: One-time payment
 Two payments of \$125 (June & Dec.)
 Quarterly Payments of \$62.50 (June, Sept., Dec, & Mar)



Fremont Area United Way

Signature _____

For more information please contact Kylie Von Seggern:

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