



## LES FEMMES DU MONDE 2018 MEMBERSHIP FORM

*"Women Helping Youth in Health and Education"*

**Type of Member/Donation:** \_\_\_\_\_Renewing \_\_\_\_\_ New \_\_\_\_\_ Non-member Donation Only

### MEMBERSHIP DIRECTORY LISTING

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Husband's Full Name (if applicable) \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
Email \_\_\_\_\_

### SOCIAL INVITATIONS SHOULD BE ADDRESSED TO

Preferred name for invitations including title: (Mrs./Ms./Miss) - Please print: \_\_\_\_\_

### MEMBERSHIP LEVELS/ SPECIAL DONATION

*We invite you to consider making an additional contribution to support our beneficiaries.*

\_\_\_\_\_ \$2,000 Angel Patron    \_\_\_\_\_ \$1,000 Patron    \_\_\_\_\_ \$500 Contributor  
\_\_\_\_\_ \$250 Sustainer    \_\_\_\_\_ \$100 Friend    \_\_\_\_\_ \$60 Regular Member

### PAYMENT INFORMATION

Enclosed is my check in the amount of \$\_\_\_\_\_, payable to Les Femmes du Monde.

Or

Please charge \$\_\_\_\_\_ to my \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Name as it appears on your card \_\_\_\_\_

Card Number \_\_\_\_\_ Sec. Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Address associated with card \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Signature \_\_\_\_\_

**Please mail this form to:**  
**Sharon Knowles, Membership Chairman**  
**Les Femmes du Monde**  
**4201 Morgan Court**  
**Plano, TX 75093**

NOTE: If paying by credit card, you can enter the information via the website at [www.lesfemmesdumonde.org](http://www.lesfemmesdumonde.org).

Your contribution to this 501(c)(3) organization is tax deductible to the extent allowed by law.

**THANK YOU FOR SUPPORTING LES FEMMES DU MONDE!**