

# MEMBERSHIP PLEDGE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

**I would like to join WIP and make a tax-deductible contribution of \$1,000:**

*(note if you would like to make quarterly or monthly payments)*

- By Check (list check # & make it out to YMCA of the Treasure Coast/WIP Fund)
- By Credit Card (card number, type, exp date & signature)

\_\_\_\_\_  
\_\_\_\_\_

- Please bill me: \_\_\_ quarterly or \_\_\_ monthly
- Please contact me about a gift of stock
- I would like to make a donation to WIP but am not interested in a membership

**I would like to work with the following committee:**

- Education Committee: Women's Annual Health Summit, Motivational Speaker Events, Monthly Educational Speaker's Series and/or Community Outreach
- Project Committee: Working with the YMCA team to help review and prepare funding opportunities for WIP's annual project.
- Social Committee: Help in recruitment of WIP members and/or coordination of social outings/events

Other thoughts, ideas, or suggestions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Questions or comments, please contact  
Charlene M. Lyons at 772.263.6974 or  
email at [clyons@ymcatreasurecoast.org](mailto:clyons@ymcatreasurecoast.org)

Please return to:  
YMCA of the Treasure Coast  
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Stuart, FL 34996