

Membership Application

Founded in 1994, the **WORCESTER WOMEN'S HISTORY PROJECT** seeks to raise awareness of the rich history of women in the Worcester area. Please join us.

Name _____

Street _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Membership categories:

Member \$35

Supporter \$50

Activist \$100-\$499

Reformer \$500

Sustainer: Heritage \$100 or more for five years. I pledge \$_____ payable over a five-year period. *Note: Heritage members will be billed annually.*

Enclosed is my membership of \$_____.

Please make your check payable to: **WORCESTER WOMEN'S HISTORY PROJECT**
Memberships are renewable annually in March in celebration of National Women's History Month.

I am a new renewing member.

I would be interested in hearing about volunteer opportunities.

My employer will match my gift: Company: _____

Acknowledgment in the WWHP newsletter unless otherwise indicated. DO NOT PUBLISH.

Gifts are tax deductible to the extent permitted by law.

No goods or services are provided in exchange for contributions.



WORCESTER WOMEN'S HISTORY PROJECT

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