

MEMBERSHIP FORM

PERSONAL INFORMATION:

NAME: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

CELL: _____ ALTERNATE PHONE: _____

PRIVACY CHOICES

- ☐ Keep name private
☐ Share name with other SW100 members
☐ OK to list name in public outreach

DONATION INFORMATION

Annual Membership: \$1,300

Additional Donation: \$

Total: \$

We Accept:

Cash / Check / IRA / DAF / Charitable Trust

DONATE BY CHECK OR ONLINE

MAKE CHECK PAYABLE TO:

CFSC/SW100
120 Stony Point Road
Suite220
Santa Rosa, CA 95401

DONATE ONLINE:



If mailing your donation, please include this completed form.