50/50 Leadership Membership Application

(Please print this application)

PLEASE PRINT

Yes! I accept your	invitatio	n to become	; a Member	of 50/50 Led	adership.
Name:					
Address:					
City/State/Zip:					
Phone: Day ()		Eve ()			
E-mail:		@	@		
To help empower gift for:	women'	s equal leade	ership, I hav	e enclosed r	ny tax-deductible
\$25 Student \$250 Benefactor		\$50 Mei \$500 Sp	0 Member \$100 Friend 00 Sponsor* \$1,000 Patro		
*With a gift of \$500 Circles, with all its 6	•	•			O Feisty & Fearless
Please make check	payable	e to: 50/50 Lea	dership		
I wish to charge	my tax-c	leductible cor	itribution to:		
MasterCard	Visa	American	Express	Discover	(Circle One)
Credit Card No 3 or 4 Digit Code					e
Expiration Date: Mo	Ye	ear Am	ount: \$		
Signature:					
	•	our contribution ership, P.O. Bo: Or fax to: (-	ndale, CA 912	

Your contribution is tax-deductible in accordance with the law.
Thank you for your strong support!

50/50 Leadership was incorporated in Las Vegas, Nevada in 1996. The phone number is (818) 243-2322. We have a 501(c)3 classification from the Internal Revenue Service. This is a publication of 50/50 Leadership. All rights reserved. www.5050Leadership.org