

Well Spouse™ Association Annual Appeal 2012

Name: _____
Address: _____
City/St/Zip: _____
Email: _____
*Forum name: _____
Donation: __\$30 __\$50 __\$100 __\$200 __other\$_____

I wish to donate by:

Check Check No: _____
 Credit Card Name on Card: _____
Credit Card No. _____
Credit Card Type _____ Exp Date: _____
Billing Address (if different): _____
Phone: _____

Donation made on behalf of _____
Address _____

* If you are currently a non-supporting (NS) member the first \$30 of your donation will be used to make you a supporting member. (Note: NS memberships are free for one year only, then you will be asked to become a supporting member, in order to maintain your membership)

**Make checks payable to: "Well Spouse™ Association" or "WSA"

Return this form with your check or credit card information to:
Well Spouse™ Association, 63 West Main Street, Suite H, Freehold, NJ 07728

Donations may also be made through our website www.wellspouse.org

Remember to ask your employer about donation matching programs.
Your gift is tax deductible. A thank you/receipt will be sent to you shortly.

Office Use Only

Date of payment:
Check no (if applicable)
:
Thank you/Receipt: _____
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