



MEMBERSHIP FORM

A 501(c)3 nonprofit organization

I / WE WOULD LIKE TO JOIN THE FOLLOWING MEMBERSHIP LEVEL:

PLATINUM

From \$ 130.00 and over - monthly \$ _____

MEMBERSHIP BENEFITS:

- * Charitable Contribution Letter for your Income Tax Exemption
- * Membership Certificate
- * Your logo and link on PWMD's website for a period of one year - renewable.
- * **Minimum amount equivalent to a screening mammogram**

GOLD

From \$ 75.00 to \$ 129.00 – monthly \$ _____

MEMBERSHIP BENEFITS:

- * Charitable Contribution Letter for your Income Tax Exemption
- * Membership Certificate
- * **Minimum amount equivalent to blood test**

SILVER

From \$ 10.00 to \$ 74.00 – monthly \$ _____

MEMBERSHIP BENEFITS:

- * Charitable Contribution Letter for your Income Tax Exemption
- * Membership Certificate
- * **Minimum amount equivalent to General and Administrative Expenses**

Member Name: _____

Birthdate: Month _____ Day _____ Member Phone: _____

Member Email: _____ Referred by _____

Address: _____ ZIP CODE _____

DONATION () Monthly () Semi-Annual () Annual AMOUNT: _____

CREDIT CARD # _____ EXP. DATE: _____ / _____

CVV _____

AUTHORIZED BY: _____ Date: _____

ANONIMOUS DONATION? () YES () NO - CAN WE PUBLISH YOUR NAME? () YES () NO

- * This agreement may be terminated at any time with a (30) thirty-day notice by either party. **Initials** _____
- * We appreciate your monthly donation. Your noble attitude inure prosperity to you, your family, and your business!
- * The LORD will send a blessing on your barns and on everything you put your hand to. The LORD your God will bless you in the land he is giving you. Deuteronomy 28:8

Thank you!

7061 Grand National Dr – suite 107 G – Orlando, FL 32819 – (321) 527-4593

www.peoplewhomakeadifference.org

Please email it to: admassist@peoplewhomakeadifference.org