



MEMBERSHIP APPLICATION

Sign me up! I would like to support justice for women in Maryland.

Name: _____
(as it will appear in Annual Report)

I would like my gift to be anonymous.

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

I will show my support to the mission of the Women's Law Center with a gift of:

- Legacy Circle - \$5,000
- Visionary Society - \$2,500
- Benefactor Circle - \$1,000
- Advocacy Circle - \$500
- Liberty Club - \$250
- Equity Club - \$100
- Other \$ _____

All Gifts over \$75 include Membership Dues

I would like to make a Monthly Pledge to sustain WLC projects throughout the year.

(Your credit card will be charged on the first business day of each month.)

Monthly Gift

- \$10/month
- \$25/month
- \$50/month
- \$100/month
- Other _____

I'm interested in pro bono service. Please:

- Contact me about volunteering for the:
 - Family Law Hotline
 - Employment Law Hotline
- Send me information about Judicare

I'd like to get involved and stay up-to-date with the Women's Law Center. Please:

- Sign me up to receive the e-newsletter
- Sign me up to receive legislative alerts
- Contact me about participating on a committee or as a volunteer

My check made payable to **The Women's Law Center of Maryland** is enclosed.

Please charge my: Visa MasterCard American Express

Card # _____ Exp. Date _____

Name on card _____ Sec. Code _____

Signature _____

My employer, _____, will match my gift.

I have included The Women's Law Center of Maryland in my will or estate plans.

Please return this form by mail to Women's Law Center of Maryland, 305 W. Chesapeake Ave, Suite 201, Towson, MD 21204; by fax at 410-321-0462; or send a PDF by email to admin@wlcmd.org. For more information, please call 410-321-8761.