



Yes, I would like to become a member of WoW!

Date _____

Membership fee is \$1,000 per year, paid annually or semi-annually.

My check is enclosed, payable to the Work Skills Foundation

Please charge my credit card: _____ Expiration _____ Security _____

Other arrangements, please describe: _____

Name _____ Organization (if applicable) _____

Address _____ City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

Email address _____ Signature _____

Text for engraving on donor wall block: _____

YOU are making a difference, and we thank you.