

# ***Friends of the Alliance Contribution Form***

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am an Individual /Family     I am a Merchant/Restaurateur     We are a Business     We are a Corporation

Enclosed is my check for     \$25     \$35     \$50     \$100     \$500     \$1000

I am interested in receiving WHDA volunteer information, add me to your volunteer email list.

I am interested in serving on a WHDA committee. My interests are: \_\_\_\_\_

Make check payable to: WHDA. WHDA is an incorporated 501(c)(3) non-profit organization and contributions are tax deductible (Federal Tax ID # 20-0175742). Your check is your receipt for tax purposes.

Membership is renewable annually in November.

For more information about WHDA visit our web site at: [www.whda.org](http://www.whda.org)

Return this card with payment to:

WHDA

PO Box 1988

Washington, NC 27889

***THANK YOU!!!***