



Membership Application

Date: _____ **Phone:** _____

Name: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Please accept my tax deductible donation of: \$ _____

You can have a huge impact! Consider our membership levels.

\$50 Voting Member – You provide a week of lunches for a senior and **have voting rights at our annual meeting.**

\$100 Advocate Member – You provide 25 roundtrip rides for a senior (to and from the center, doctor visits, shopping, etc.).

\$200 Partner Member – You provide food pantry access for 40 individuals.

\$400 Leadership Circle – You provide 40 meals for seniors and **receive an engraved brick in our lobby.**

\$800 Director's Circle – You provide 2 PCs for our computer lab and our **Executive Director will buy you lunch!**

We accept cash or checks (payable to Westcott Community Center)

OR

Donate on our webpage: westcottcc.org/donations/