

MCFDW MEMBERSHIP & DONATION FORM

Use this form to become a member, make a donation, or both—
participation at any level is appreciated!

Contact Information

First Name _____ Last Name _____

Address _____

Phone _____

Email _____

Employment Information

Campaign finance law **requires** us to collect contributor information, including employment. If self-employed, please enter your own name as your employer.

I am retired or currently unemployed

Occupation _____

Employer _____

Address _____

Signature _____

Membership

Membership dues support MCFDW programs and initiatives.

Membership Dues: \$25/Year

I am joining as a member and have included my \$25 annual dues.

Donations

Donations are a direct investment in electing Democratic women and supporting women's leadership in Middlesex County and beyond.

I am making a donation of \$ _____ to support MCFDW initiatives.

Payment Instructions: To become a member or donate, mail this form with a check payable to MCFDW. Mailing Address: PO Box 251 Iselin, NJ 08830

Thank you for your support!

Direct questions and inquiries to info@mcfdw.org.

