



**CONCERNED WOMEN FOR AMERICA OF WASHINGTON**

**MEMBERSHIP FORM**

\_\_\_\_\_ I would like to renew my annual membership in Concerned Women for America of Washington. I have enclosed a tax-deductible gift of \$25 or more to be used for the maintenance of the state organization. Please continue to send me action alerts and state newsletters.

My address: \_\_\_\_\_  
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My telephone number: \_\_\_\_\_

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You may also donate online at [wa.cwfa.org](http://wa.cwfa.org). Use the “DONATE TO YOUR STATE” box under the director’s picture.

***THANK YOU FOR YOUR SUPPORT!***

Mail to: CWA of Washington  
P. O. Box 143  
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