



MEMBERSHIP APPLICATION

Become a **For Victims of War and Poverty** (FVWP) member today and help support our efforts to empower and enable children and Families and the greater community to lead more informed, productive and fulfilling lives.

ENTER A GIFT AMOUNT: _____\$50.00 _____ANOTHER AMOUNT

APPLICANT INFORMATION

Name	Last	First	Phone () -
Company/Organization			
Current address			
City:		State:	ZIP Code:
E-mail		Web Site:	

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:	Phone () -
Address	

PAYMENT OPTIONS

Cash : Total \$ _____ Recipient's Name: _____

Checks: Make Checks Payable To: **For Victims of War and Poverty**
 Mail To: For Victims of War and Poverty, P.O. Box 3418, Farmington Hills, MI 48333

Credit Cards

American Express MasterCard Visa Others

Exp. Date Month Year

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3 or 4- digits security code
located on the back or front
of your credit card (Required)

Total \$ _____ Signature _____

REFER OTHER PEOPLE

Name	Phone () -
Address	City: State: Zip:
E-Mail	

SIGNATURES

Your application's fees are 100% tax deductible

** PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORD **

For additional information, please call management at **877-Y-POOR-KIDS** (877) 976-6754
 or fax us (248)477-3390 • E-mail: info@fvwp.com • www.fvwp.com

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date: