



## 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 2480, Farmington Hills, MI 48333

#### Credit Cards

American Express  
  MasterCard  
  Visa  
  Others

**Exp. Date**   Month   Year

 

 
      

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: