



San Antonio Women's Hall of Fame

2010 Membership Form

Date _____ Name _____

Year of Induction _____ Category of Induction _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone () _____ Home Fax () _____

Cell Phone () _____ E-Mail Address _____

Place of Employment _____

Occupation _____

Office Telephone () _____ Office Fax () _____

ANNUAL DUES:

\$50.00 (Please make check payable to the San Antonio Women's Hall of Fame.)

SCHOLARSHIP CONTRIBUTION: (Please make check payable to the SAWHOF Charitable Trust. Scholarship contributions are tax deductible.)

\$1000.00 and above

\$500

\$250

\$150

\$100

\$50

\$25

TOTAL AMOUNT _____

*Would you like for your name to appear on our donor list to be publicly recognized? () Yes () No

Checks must be postmarked by April 15, 2010 for members to be included in the directory. Please mail checks to:

San Antonio Women's Hall of Fame
P.O. Box 461104
San Antonio, TX 78246

*Thanking you in advance for your support of SAWHOF through dues,
special events, and Scholarship contributions!*