



Gift of Membership

Give the gift of a one year or Lifetime Membership and introduce a friend to the friend to The Salvation Army Women's Auxiliary

Gifted To: _____

Title circle): Mrs. Ms. Miss Dr. **Birthday: Month/Day:** _____

Relationship: (circle): Relative Friend Neighbor Church Association

Address: _____

Phone/Email: _____

Membership (circle one): Lifetime Annual Annual w/ lunch

Gifted From: _____

Address: _____

Phone/Email: _____

PAYMENT

Check (made out to The Salvation Army Women's Auxiliary (or SAWA) enclosed:

\$ _____

Check #: _____

OR

\$ _____ **cash enclosed**