



Educate. Act. Make a Difference.

# Annual Membership Form

*Together, we can make a difference!*

*Wrap 4 A Smile Foundation, Inc.* is a not-for-profit 501(c)(3) organization committed to fighting poverty and stopping hunger. Please join our efforts in reaching out to communities and people less fortunate. To become a member of the Wrap 4 A Smile (Chapter Name), or to renew your annual membership, please return this form with your payment to your local chapter. Thank you for your interest in our organization and feel free to contact Wrap 4 A Smile Headquarters for more information.

\$10.00 Individual Membership

\$25.00 Family Membership

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Family Members \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone (1) \_\_\_\_\_

Phone (2) \_\_\_\_\_

Email \_\_\_\_\_

Payment:  Check Enclosed  Visa  MasterCard  Discover  Cash \$ \_\_\_\_\_

Card No. \_\_\_\_\_

Sec No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

New Member

Renewing Member

**Wrap 4 A Smile Foundation, Inc.** | 773 8<sup>th</sup> Street, Secaucus, NJ 07094 | 201-223-4405 |

wrap4asmile@aol.com