

Women's Symphony Association
Membership Campaign

Partner | Support | Volunteer

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____

Phone _____

Individuals and Business Partners

_____ **\$125 for Business**

_____ **\$30 membership for one year**

_____ **\$50 patron for one year**

**I would like to support the mission of WSA with an additional gift of
\$_____ to the Barbara Little Endowment Fund.**

**Make checks payable to Women's Symphony Association
(WSA is a 501©3 organization)**

I would like to be involved with the following areas:

___ Board Participation

___ Fashion Show

___ Music Competition

___ Community Outreach

Mail to: Harriet Robbins, President

P.O.Box 6154

Lancaster, PA 17607-6154