



## Workers Interfaith Network Donation Form

**Yes, I want to take action with workers who face injustice on the job.**  
I'm enclosing my gift to Workers Interfaith Network, so that together, we can fight wage theft, advocate for living wages, and ensure that workers labor in fair and respectful conditions:

- \$30 (basic membership gift)       \$20 (low-wage worker/students/seniors)  
 \$50  
 \$75  
 \$100  
 \$250  
 Other \$\_\_\_\_

*Would you prefer to make a monthly gift? Just fill out next page.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

My check made payable to WIN is enclosed.

Please charge my Visa or MasterCard.

Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration \_\_\_\_ / \_\_\_\_

Prefer to give online? Visit [www.workersinterfaithnetwork.org](http://www.workersinterfaithnetwork.org)

### **Return this form to:**

Workers Interfaith Network  
3035 Directors Row, B – 1207  
Memphis, TN 38131

Questions about WIN's work or your gift? Contact Rev. Rebekah Gienapp at (901) 332-3570 or [rebekah@workersinterfaithnetwork.org](mailto:rebekah@workersinterfaithnetwork.org)

Your gift is tax deductible to the extent allowed by law.

## Enroll in Allies for Justice, the monthly giving program of Workers Interfaith Network

When you participate in Allies for Justice, your gift will be transferred conveniently each month from your checking or credit card account to Workers Interfaith Network. Each month a record of your gift will appear on your bank or credit card statement. If you wish to increase, decrease, or suspend your pledge, all you need to do is notify Workers Interfaith Network at (901) 332-3570 or at 3035 Directors Row, B – 1207, Memphis, TN 38131.

**A copy of this enrollment form will be mailed to you for your records.**

### To enroll in the Allies for Justice Monthly Giving Program:

1. Please indicate below the amount you want to contribute each month from your account, and whether you would like to make your gift on the 5<sup>th</sup> or the 20<sup>th</sup> of the month.
2. Fill out your contact information below, including your signature and the date.
3. Return the completed enrollment form **with a check for your first month's gift, or your credit card information.**

Enclosed is a check for my first month's gift. Please transfer my monthly gifts from my checking account. I understand my future gifts will be transferred directly from my account.

OR

Here is my **Visa** or **MasterCard** information. Please transfer my monthly gifts from my credit card. I understand my future gifts will be transferred directly from my credit card.

Credit Card Number:

\_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_

Amount of monthly gift: \$\_\_\_\_\_

Deduct my gift on the:

\_\_\_ 5<sup>th</sup> of the month    OR

\_\_\_ 20<sup>h</sup> of the month

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_