

MEMBERSHIP APPLICATION

Name: _____ WHS Alumnus? [] No [] Yes Graduating Year: _____
Parent of WPS Student ? [] No [] Yes Graduating Year: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #:(____)-____-____ Email: _____

Employer / Occupation: _____

*****Please print full name. All donations will be acknowledged*****

Donations are accepted by check, money order or credit card.

Donation Amount:\$ _____ Payment Enclosed (circle one): Check Visa MasterCard

Card #: _____

Levels of Giving

| | |
|-----------------------|-------------------|
| Gold Boosters Club | \$100 - \$499 |
| National Leaders Club | \$500 - \$999 |
| Centurion Club | \$1000 - \$2499 |
| Viking Longship Club | \$2500 - \$4999 |
| President's Club..... | \$5000 - \$9999 |
| Leif Erikson Society | \$10000 - \$24999 |
| Valhalla Club..... | Over \$25,000 |

*Please inquire with your company or firm
to see if you are eligible for a matching
donation or gift policy.*

Expiration Date: ___/___/___ CVV# _____ (last 3 digits on back of card)

____ Use our easy pay option! ¼ of your donation amount is charged each quarter.

____ No, Charge my credit card in one payment.

Authorized Signature: _____

Your contribution is tax deductible.

**Please mail all contributions
to:**

**Viking Pride Foundation
PO Box 37
Winthrop, MA 02152**

Tel: 617-539-4VPF Email: board@vikingpride.org Web: www.vikingpride.org