



MEMBERSHIP FORM

The Stewpot Alliance exists to support and promote The Stewpot and to serve as a resource for volunteer events and development opportunities.

Title: _____ (Mr./Mrs./Ms./Rev./Dr.) **First Name:** _____ **Last Name:** _____ **Suffix:** _____ (Sr./Jr./II/etc.)

Spouse/Partner Name: _____

Mailing Address: _____ **Apt/Suite #:** _____ **City:** _____ **State:** _____

Zip Code: _____ **Cell Phone:** (____) ____ - _____ **Home Phone:** (____) ____ - _____ **Email:** _____

Membership: Please select your membership level & giving for 2021-22.

General Member (\$50.00) **Sustaining Member (\$125.00)** **Sustaining Patron (\$480.00)** **Other:** _____

Volunteer Interest: Please indicate all areas of interest to serve within The Stewpot Alliance.

Annual Fundraiser (Soup's On) **Member Events** (Happy Hours, Fall Party, Spring Party) **Client Events** (Talent Show, Library Art Show, Women's Tea)

Meal Service (The Bridge) **I prefer to give generously without serving.**

Complete form on back side -->

PAYMENT INFORMATION

1) JOIN ONLINE:
thestewpot.org/alliance

OR

2) Mail your form and payment to:
The Stewpot Alliance
1835 Young St.
Dallas, TX 75201

If you wish to pay by credit card, you can process your membership form and payment online at *thestewpot.org/alliance*.

Payment Method: Check (Check # _____) Credit Card

Credit Card Number: _____ Exp Date: _____ / _____ CCV: _____

Name on Card: _____ Address: _____ City: _____

State: _____ Zip Code: _____ I would like to add 3% to my total to help offset credit/debit card processing costs.

OPTIONAL INFORMATION

Please Complete this section for memorial and tribute gifts only.

Donation made in: Memory of Honor of Occasion of _____

Please send notice of my gift to: _____ (the amount of gift will not be disclosed)

Mailing Address: _____ Apt/Suite #: _____

City: _____ State: _____ Zip Code: _____

I would like my gift to be anonymous.