

Suburban Sugar Land Women (SSLW)

A Volunteer, 501 C (3), Organization Serving Infants – Seniors Since 1989

FRIEND Service Commitment

(Individual, Family, Church, School, Organization, Business, Corporation)

Print Name _____ Birthday (month/date) _____

(Church, School, Organization, Business, Corporation)

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Pager _____

Email _____ Fax _____

The BEST TIME to contact me _____ via _____

I will donate / solicit human services and resources in the planning, implementing, maintaining & evaluating community service projects to Infants – Seniors annually for three years. This is a non binding agreement.

Please specify: _____

Signature _____ Date _____

Mail / Email this form to address above. Keep a copy. You will be contacted within ten days. Individuals, families, organizations, churches, corporations, etc support is appreciated.

Our vision is to encourage, educate, equip, and empower!

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