

ASSOCIATION OF BLACK SOCIAL WORKERS

Of Greater Los Angeles

OFFICE LOCATION: 7100 S. WESTERN AVE., LOS ANGELES, CA 90047
PHONE: (213) 752-0223

PLEASE READ

HELLO NEW and RENEWING MEMBERS:

OUR MEMBERSHIP FORM HAS BEEN REVISED. THIS NEW FORM PROVIDES AN OPPORTUNITY FOR YOU TO SELECT THE PROGRAMS AND SERVICES THAT YOU FEEL ARE NEEDED IN OUR COMMUNITY. YOUR FINANCIAL SUPPORT OF OUR MENTAL HEALTH AND HOMELESS PROGRAMS WILL ENSURE THEIR EFFECTIVE IMPACT ON OUR MEN, WOMEN, ADOLESCENTS, AND CHILDREN WHO ARE DISENFRANCHISED AND VULNERABLE. STUDENTS WILL BE ABLE TO REALIZE THEIR DREAM OF BECOMING SOCIAL WORKERS AND GIVE BACK TO THE COMMUNITY WITH YOUR DONATION TO THE ABSW FOUNDATION INC. SCHOLARSHIP PROGRAM, AND COMMUNITY FORUMS AND ACTIVITIES. GETTING THE WORD OUT ABOUT THESE SERVICES THROUGH P.R. AND MARKETING IS ESSENTIAL. LASTLY, MAINTAINING THE OPERATIONS OF OUR HEADQUARTERS WILL INSURE A PERMANENT LOCATION FOR THESE PROGRAMS AND SERVICES. YOUR GENEROSITY IN OUR EFFORTS IS MOST APPRECIATED.

SINCERELY,

ABSWGLA and ABSW FOUNDATION INC.

Notice to Members: Donations to the ABSW Foundation are tax deductible as charitable donations. Donations to ABSWGLA are not tax deductible as charitable donations but may be deductible as trade and necessary business expenses if ordinary and necessary in the conduct of the taxpayer's business.

**ASSOCIATION OF BLACK SOCIAL WORKERS OF
GREATER LOS ANGELES
Annual Membership Renewal Form**

MAIL CHECK PAYABLE TO: ABSWGLA, 7100 S. WESTERN AVE., LOS ANGELES, CA. 90047

Contact and Membership Information

NAME: _____
 ADDRESS: _____ NEW: ___ OLD: ___
 PHONE: HOME# _____ CELL# _____
 EMAIL ADDRESS: _____

THIS MEMBERSHIP RENEWAL FORM MUST BE MAILED WITH YOUR CHECK

Annual Dues - Regular \$ _____ \$150.00
 - Student \$ _____ \$ 50.00

Tax Deductible Contributions*

ABSW Foundation Inc. 501(c)(3) - (suggested amounts)

Annual Scholarship Program \$ _____ (\$50.00)*
Community Forum \$ _____ (\$20.00)*
Community Support Activities \$ _____ (\$20.00)*

ABSW Programs - (suggested amounts)

Homeless Programs \$ _____ (\$10.00)
Mental Health Outreach \$ _____ (\$10.00)
Operations \$ _____ (\$20.00)
Public Relations and Marketing \$ _____ (\$15.00)

TOTAL \$ _____

Please consider giving a monthly, reoccurring donation to ABSWGLA by using your credit card (The charge will be automatically debited from your card until you advise us to cease)

\$10.00 _____ \$25.00 _____ \$50.00 _____ \$75.00 _____ \$100 _____ Other \$ _____

Name of Credit Card _____ Name on Credit Card _____

Credit Card # _____ Expiration Date _____

Cardholder signature _____

Matching Gift

Some employers match or double the contributions you make to our organization. Please inquire with them. Please place asterisk (*) next to the total amount if you intend for it to be matched. Note that some employers may only match the tax-deductible amounts indicated above.

Endowments

Please consider leaving ABSW and ABSW Foundation a gift through your will or trust. You may contact ABSWGLA for more information at (323) 752-0223.