

San Francisco Living Wage Coalition

jobs for all

Name _____ (All contact information will be held in strict confidence)
Address _____ City _____ State _____ Zip _____
Email _____ Telephone (_____) _____
Title and Organization (if any) _____

List my name as an endorser (indicate if organization for ID only)

I want to get involved. Contact me.

I would like to become a member. (dues \$25 per year for individuals)

Our union or organization would like to become a member. (dues are \$100 per year for unions or organizations)

Donation is enclosed Please make your check payable to: SF Living Wage Coalition

Please bill my credit (Check One) _____

Name on credit card _____

Account number _____

Exp. Date _____ Verification code _____

Cardholder's Signature _____



Total amount to be charged:

\$1,000

\$500

\$250

\$100

Other: _____

One time

Monthly until(DATE) _____

You may list my name as a donor

My support is anonymous

Gift in memory of _____

Gift in honor of _____

Mail to: San Francisco Living Wage Coalition

2973 – 16th Street #300

San Francisco, CA 94103

Phone 415-863-1225, fax 415-863-1927

sflivingwage@riseup.net

www.livingwage-sf.org