

GFWC California Federation of Women's Clubs

Date _____

NOTE: Please use the full legal name of the Club. “WC” maybe substituted for Women’s/Woman’s Club.

***SUBMIT ONE FORM UNLESS
ADDITIONAL LINES ARE NEEDED***

Checks payable to: *California Federation of Women's Clubs*

DO NOT STAPLE CHECK(s) TO FORM

DO NOT SEND MEMBERSHIP LISTS

CFWC Financial Secretary
Toby Kahan
50595 Bрева Street
La Quinta CA 92253

District Treasurer _____
Address _____
Phone _____
Email _____

DATE PROCESSED: _____

REPORT #: _____

CHECK #: _____