



**WAIKOLOA VILLAGE OUTDOOR CIRCLE
MEMBERSHIP & DONATION FORM**

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

I am interested in volunteering

* WVOC Membership is on an annual basis (June 1 through May 31)

* Membership in WVOC includes membership in the State-wide organization, The Outdoor Circle

MEMBERSHIP CATEGORY (select one):

Multi-year memberships welcome **Number of years** _____

_____ Individual: \$25 annually

Organization: \$100 annually

_____ Lifetime: \$1000

Sponsorship: \$5,000

I would like to make an **Unrestricted** Donation to Waikoloa Village Outdoor Circle: \$ _____

I would like to make a **Restricted** donation to Waikoloa Village Outdoor Circle for:

Water Angels

WVOC is responsible for landscape irrigation for the median on Waikoloa Road.

Please be an Angel so we can keep the water flowing.

Sprinkle _____ \$50 Gentle Rain _____ \$100 Good Soaking _____ \$250

Downpour _____ \$500 Other \$ _____

_____ Enclosed is my check for \$ _____, payable to **Waikoloa Village Outdoor Circle**

_____ Please charge my Visa/MasterCard \$ _____ Credit Card Number: _____

Security Code: _____ Expiration Date: _____ Signature: _____

Mail to: Waikoloa Village Outdoor Circle, P.O. Box 384721, Waikoloa, HI 96738