



# Old Lesbians Organizing for Change

## OLOC Supporter/Member Form

OLOC is an organization promoting the well-being of Old Lesbians. Everyone who completes this form is considered a Supporter. However, Old Lesbians in their 55th year and older are also considered as Members.

Completion of this form keeps you active for one year. Although we rely on your financial support, if you can't send money now, that's fine AND the form lets us know you still want to be involved.

Each form is valid for one person. For couples in the same household, send a form for each, but you can pay as a unit instead of as two persons.

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Name: \_\_\_\_\_

Name of partner (please complete separate form): \_\_\_\_\_

We are sending money \_\_\_\_\_ Together \_\_\_\_\_ Separately

Street/PO Box \_\_\_\_\_

City/Town: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip or Postal: \_\_\_\_\_ Country: \_\_\_\_\_

*If you have a different address during different seasons of the year, please give us details as the post office will not forward your newsletters and OLOC will have to pay to have them returned to us.*

Phone #: \_\_\_\_\_ Please check if Cell/Text: \_\_\_\_\_

Email: \_\_\_\_\_ New to OLOC? \_\_\_ Yes \_\_\_ No

Currently active in an OLOC Chapter or group? If yes, which one: \_\_\_\_\_

I am not sending money at this time. Please keep me informed.

I am sending \$ \_\_\_\_\_ for support.

*(suggested donation is \$35 to \$100 per year).*

Check in mail

\$\$ being sent electronically

### To Make Payment:

- By check: Make check out to OLOC. Send to PO BOX 100129 • Cranston, RI 02910
- Credit card: Use the Donate button at oloc.org on right side near top of home page.
- If you want to pay with a credit card but would prefer to talk with a person, contact Ruth Debra at ruth@oloc.org or phone 760-318-6794.

OLOC, INC. is a 501(c)(3) nonprofit organization. Your donation may be tax deductible.

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***Please fill out Demographic Information on reverse side.***

Name: \_\_\_\_\_

## Demographic Information

**Your demographic information (never used with names attached) will help us with grant eligibility and maintaining our diversity.**

**We never give out names of supporters to anyone outside OLOC.**

I am a Lesbian  Yes  No

Birthdate: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Race and Ethnicity: \_\_\_\_\_

Any disability? If so, please describe. (Grantmakers sometimes request this information.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Publications:** Would you like to receive? (check all that apply)

Quarterly Reporter:  print copy  electronic  both  neither

Monthly E-News by email:  Yes  No

Zoom event notifications (email only):  Yes  No

OLOC often has need for volunteers with specific skills. Please check if you are able to share the following skills:

Fundraising/Grantwriting

Program/event planning

Language Translation

Volunteer management

Resources Research

Facilitation

Diversity Training

Writing (e.g., articles, event summaries, etc.)

Editing

Proofreading

Tech:  Zoom  Constant Contact  FilemakerPro

start an OLOC chapter in my area

other

\_\_\_\_\_  
\_\_\_\_\_

**Send this form to:**

August 2021

**Email:** [info@oloc.org](mailto:info@oloc.org) - download form and attach to email

**Mail:** OLOC • PO BOX 100129 • Cranston, RI 02910

**Call:** toll free 888-706-7506

[www.oloc.org](http://www.oloc.org)