



**An International
Community of
Lesbian Elders**

Old Lesbians Organizing for Change: An International Community of Lesbian Elders

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.

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.

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

To send this form:

November 16, 2021

Email: 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