

2025 Membership Pledge Card

Your membership will be valid from January 1 through December 31, 2025
Thank you again for your support!



Name(s): _____
Address: _____
City/State/Zip _____
Phone: _____ E-mail: _____

May we send our monthly newsletter to your e-mail address: ___Yes ___No

Please make check payable to Ollie Webb Center, Inc. Mail this form and your check to:
Ollie Webb Center, Inc., 1941 South 42nd St., Suite 122, Omaha, NE 68105.
Your contribution is tax deductible.

Please circle:

Single \$35
Family..... \$50
Contributing\$75
Sustaining\$100
Corporate/Agency ... \$150

() I would like to sponsor an additional single membership for a person who is unable to pay at \$35.

Total amount enclosed: _____