

## 2026 Membership Pledge Card

Your membership will be valid from January 1 through December 31, 2026.  
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:** \_\_\_\_\_