Dining for Women

Meeting Sign-In Sheet

for chapter meeting purposes only

Featured Grantee: _____

Meeting Date: _____

First Name	Last Name	Address (plus city, state/province & zip code)	Phone	Email

NOTE: *Email addresses are used to send tax receipts and Member eNewsletters. Please use this form for your* ***meeting sign-in only****. New member information should be recorded on the* ***New Member Information form and emailed to donations@diningforwomen.org****.*

Changing the world one dinner at a time