

## GET INVOLVED!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organisation / Field: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I'd like to find out more about being a:

- Donor Partner                       Dialogue Partner  
 Investor Partner                       Volunteer / Intern

Tell us more about yourself and how you would like to get involved:

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

How did you hear about us?

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

Please email your completed form to [ask@pweefoundation.com](mailto:ask@pweefoundation.com), thank you.