



California-Nevada  
United Methodist  
**FOUNDATION**

**APPLICATION FOR JOHN WESLEY SOCIETY**

Name of Church:

Person to Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

**NEW MEMBER INFORMATION**

Name:

Address:

City:

State:

ZIP Code:

Phone:

Email:

Have you spoken with this person regarding the John Wesley Society and this application?  Yes  No

Has this person agreed to be publicly recognized as a JWS Member?  Yes  No

Please tell us something about this donor's planned giving intentions for the church:

Name:

Address:

City:

State:

ZIP Code:

Phone:

Email:

Have you spoken with this person regarding the John Wesley Society and this application?  Yes  No

Has this person agreed to be publicly recognized as a JWS Member?  Yes  No

Please tell us something about this donor's planned giving intentions for the church:

**FOR OFFICE USE ONLY**

Entered into database

Certificate

Pin

**\*Please use additional sheets for additional nominations**