

Women of Virtue, Incorporated

(501c3 non-profit; 5108 Boulder Drive; Oxon Hill, MD 20745; 301-505-3981; www.wovinc.org)

Member/Client Referral Form

Thank you for allowing WOV to refer you to our Affiliate and/or Jewel Business Member. All information captured on this form is confidential and will be treated as such. Please provide your information below:

DATE YOU ARE COMPLETING THIS FORM: _____

(You can Fax to 1-888-240-8112 or email to chill@wovinc.org, this completed form.)

YOUR FULL NAME: _____

ADDRESS: _____

CITY: _____ PROV/STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

WHO/WHAT COMPANY WOULD YOU LIKE TO BE REFERRED TO: _____

WHAT SERVICES/PRODUCTS ARE YOU SEEKING? _____

WHAT DO YOU EXPECT TO ACCOMPLISH THROUGH THIS REFERRAL: _____

BELOW LINE - WOV OFFICE USE ONLY

WOV Member Receiving Intake/Referral Form: _____

WOV referred the above to: _____

COMPANY NAME: _____

PHONE: _____ EMAIL: _____

DATE REFERRED: _____ AGREED UPON FOLLOW-UP DATE WITH CONTACT: _____

DATE WOV FOLLOWED UP WITH REFERRED INDIVIDUAL: _____ RESULT: (circle one) POSITIVE NEGATIVE

COMMENTS PROVIDED: _____

REFERRAL FEE/DONATION \$ _____ RECEIVED: _____ BY: _____

SIGNATURE OF REFERRER: _____ DATE: _____