



January 2010

Dear Sisterfriend:

I have a passion for empowering young women because I've walked in similar shoes as many of the young women that I serve. I'm so blessed that there was a caring sister by the name of Dr. Vanessa Weaver who went above and beyond the call for me. When I was a teenager she served as my court-appointed counselor. My mom battled with mental illness and was unable to care for me during a brief time in my life so I was sent to live with my father, which resulted in a whole new set of challenges. Dr. Weaver didn't stop helping me after the court case closed. She continued to mentor me and took me under her wing; she showed me how to study; she exposed me to settings that required me to learn social etiquette and always presented higher education as a goal for me. Her efforts truly made a difference. There were numerous sisters that wrapped their arms around me and sowed a seed into my life— Many of them continue to do that today.

I have seen the impact of my work and I appreciate the sisters that have stood with me to help our young women. I realize that everyone doesn't have the time to get out there in the trenches and work directly with young women in our community but we can do it collectively. I need the financial assistance of *100 or more sisterfriends* that will commit to giving \$100.00 each per year to help fund workshops and leadership development for at risk young women ages 13 – 19.

In essence, **100 Sisterfriends** is a movement. It is a *special circle* of positive women from all walks of life that make a positive difference in the lives of young women in our community. I pray that you will join with me and sow a financial seed into the work that I am doing. I cannot do this alone. I need your help— *the help of sisterfriends*. If you are unable to donate \$100.00, please ask your employer, organization, church, or a group of friends to donate on your behalf. Your contribution is tax-deductible.

Make contributions payable to:      **Eye of the Artists Foundation**  
1821 Summit Road, Suite 217 Cincinnati, OH 45237

For more information about the outreach work of Eye of the Artists, call (513) 821-2787 or visit [www.eyeoftheartists.org](http://www.eyeoftheartists.org) or [www.mysistamyfriend.com](http://www.mysistamyfriend.com)

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## About 100 Sisterfriends

**100 Sisterfriends** is a committed effort to support leadership development of young women ages 13 – 19 in Greater Cincinnati and Northern Kentucky by collectively funding impactful training for under served young women. The group is a “**special giving circle**” designed for individuals, organizations, businesses, women’s groups, schools, sororities, and agencies to help support year-round training and the bi-annual conference for young women.

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### What is a Special Circle of Giving Sisters

“**100 Sisterfriends** is a “**special circle of giving sisters**” because the pooled fund is already earmarked to benefit young women participating in My Sista My Friend leadership development training. Sisters that want to make a positive difference in the lives of under served young women should join this initiative. **100 Sisterfriends** will be able to follow the progress of developing young women. Many sisterfriends have even served as “faculty members” for monthly training and conferences.

### The Impact of Your Giving is Multiplied

Every gift to a non-profit organization or group is valuable, however 100 sisterfriends is an effort to gather 100 or more sisters who will commit to annually giving \$100.00 or more to educate and develop young female leaders.

### How can I help with 100 Sisterfriends?

In addition to your membership, here are a two other ways that you can help:

**Refer a friend**, family member, co-worker, etc. – We’ve seen that word of mouth is the most effective way to help spread the word about 100 Sisterfriends.

**Become a 100 Sisterfriend event sponsor** - help to underwrite expenses associated with monthly training, outings, and the bi-annual young women’s conference.

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### Make your Membership Contribution for 100 Sisterfriends

I wish to make my non-refundable membership contribution to Eye of the Artists Foundation for membership in “**100 Sisterfriends**”.

Members can join at any time. Those joining between the January 2010 member kick-off and October 2010 (Dada Rafiki) Sisterhood Celebration, will be acknowledged in our annual recognition and may participate in all *My Sista My Friend* events.

(Return your membership form with a check or money order for **\$100.00** and we will send your membership card, add you to our circle, and keep you updated on how the young women are progressing.)



## Membership Form

I wish to make my non-refundable membership contribution to **100 Sisterfriends**.  
Membership is from January through December of the calendar year.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you hear about **100 Sisterfriends** \_\_\_\_\_ ?

If a member referred you, please include her name \_\_\_\_\_

### Payment options:

Enclosed is my check payable to "Eye of the Artists Foundation" for **\$100.00**

(I understand that 100% of my membership is tax deductible and is used specifically for workshops, training and programming to benefit young women ages 13 – 19 in My Sista My Friend Leadership Development.

Please note "100 Sisterfriends membership" in the memo section of your check. )

Please charge my VISA or Master Card credit card **\$105.00** (The additional \$5.00 covers the bank processing costs to Eye of the Artists. The full amount is tax-deductible)- *Contribution processed through PayPal. Please ensure that you list contact information as it appears on your credit card.*

Credit card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

3-Digit Security Code \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

I'm part of a group membership for \_\_\_\_\_

(Enclosed is my check, or credit card, for \$50.00, or \$25.00. Groups must be 2 to 4 members, totaling \$100.)

My company/organization, \_\_\_\_\_, is making a membership contribution on my behalf.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Eye of the Artists Foundation is recognized as a nonprofit public charity under section 501(c) 3 of the Internal Revenue Code.  
All contributions are tax deductible.



Return this form to Eye of the Artists, 1821 Summit Road, Suite 217, Cincinnati, OH 45237

[www.eyeoftheartists.org](http://www.eyeoftheartists.org)