

MEMBER INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_  
[name as you would like it to appear in print]

RECOGNITION:

- I give permission to have my name listed in our Women's Fund publications as a member.  
 I would like to remain anonymous (not publicly recognized).

If Corporate Sponsorship—Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred e-mail \* \_\_\_\_\_ \*This is our main form of communication. Please be sure to add the (reply to) address to your contacts so we will not go to junk.

☞ We would like to learn more about our membership. Please assist us by providing the following information: ☞

[According to our Privacy Policy, information provided by members will remain confidential, but aggregated data may be used to provide statistical guidance.]

Birth Year \_\_\_\_\_ Name of Employer \_\_\_\_\_

- EMPLOYMENT:  Business Owner  Retired  Student  Volunteer  
 Work Full-time  Work Part-time  Working in the home  Other

MEMBERSHIP LEVEL CHOOSE ONE } There are 5 levels of membership.  
Each vote is weighted in relation to level of membership.

- LIFETIME MEMBER of the Women's Fund! [ 1 vote for life and may have one successor ]  
Contact me about making a one-time membership gift of \$25,000 or installments to be paid within a ten (10) year period.
- FULL MEMBER 110 \* member, \$1,100 total with \$100 going to the administrative fund. [ 1 vote ]
- FULL MEMBER \$1,000 for Women's Fund membership. [ 1 vote ]
- HALF MEMBER \$500 [ ½ vote ]  QUARTER MEMBER \$250 [ ¼ vote ]  JUNIOR MEMBER \$125 [25 yrs + under, ⅙ vote]
- I wish to make a donation to the administrative fund in the amount of \$ \_\_\_\_\_
- Does your company have a charitable gifts matching program? Send your info and get your gift matched.

PAYMENT {CHOOSE ONE PAYMENT OPTION—Membership must be paid by June 30, 2024}

- Please charge my credit card:  Visa  Mastercard  Discover

Card Number \_\_\_\_\_ Amount \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_ 3 digit CVV Code \_\_\_\_\_ Zip Code associated with card \_\_\_\_\_

- Please invoice me in the month of \_\_\_\_\_ Amount: \_\_\_\_\_

- Please contact me about spreading out my payments for my membership contribution.

- PAY ONLINE AT: <https://cfsky.otg> [click on Women's Fund—Membership]

VOLUNTEER OPTIONS: Do you have time to give, connections to make, ideas to share, or tech-savvy skills to contribute?

We need you! Find out more at: <https://www.cfsky.org> [click Women's Fund—Volunteer]

THANK YOU! WE ARE MAKING A DIFFERENCE TOGETHER