

# Women's Fund 2025 MEMBERSHIP FORM

## 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 five 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%: \$1,100 total for Women's Fund membership 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, ⅛ 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, 2025]

- Please charge my credit card:  Visa  Mastercard  Discover

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

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

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

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

- PAY ONLINE AT: <https://cfsky.org> [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 ///