

2026
Women's Fund 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]

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 [1/2 vote]

QUARTER MEMBER: \$250 [1/4 vote]

I wish to make a donation to the administrative fund in the amount of \$ _____

Does your company have a charitable gifts matching program? Share the company information to have your gift matched.

PAY MEMBERSHIP DUES ONLINE or CALL FOR ASSISTANCE: 270-904-2079



VOLUNTEER OPTIONS: Do you have time to give, connections to make, ideas to share, or tech-savvy skills to contribute?
We need you! Contact womensfund@cfsky.org for more information

 THANK YOU! WE ARE MAKING A DIFFERENCE TOGETHER 