



**A Program of The Community's Foundation  
By Women, For Women**

Project W is committed to enhancing and improving the quality of life for women in Delaware County, through collective giving, by women. We are delighted that you will become a member! Together, we will make a difference in our community.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Annual membership options. Members must be 18 years of age or older:**

\_\_\_\_\_ Membership: \$550 personal membership, one vote.

\_\_\_\_\_ Gift Membership: \$550. You can provide a membership in honor of another woman in your life. The woman that you honor will receive a personal membership, and one vote.  
*Please provide Recipient's Name & Contact Information on reverse side.*

\_\_\_\_\_ Group Membership: \$550. A group of women can pool their funds. The group will share one membership, one vote. We recommend that each group contain 5 women or fewer.  
*Please provide Group Name, Participant Names, & Participant Contact Information on reverse side.*

No tangible benefits accrue to members of Project W. As a fully charitable endeavor, all Project W memberships may be treated as a charitable donation.

**Other Contribution:**

\$\_\_\_\_\_. This is the ideal way to provide additional resources towards Project W or to support Project W, without becoming a voting member.

**Please indicate on which committee(s) you would be willing to serve.** In this role, you would be involved with evaluating grant applications and selecting the finalist from that Area of Interest.

\_\_\_ Health & Human Services     \_\_\_ Education     \_\_\_ Family

**By June 1<sup>st</sup>, mail this form and a check made payable to The Community's Foundation, referencing "Project W":**

The Community's Foundation  
900 W. Sproul Road, Suite 101  
Springfield, PA 19064



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**Gift Membership:** Name and contact information of the person to whom you would like to gift a membership:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Group Membership:** Your group name, participant names and contact information for your group:

Name of Group: \_\_\_\_\_ (suggest no more than two words)  
 Name of Group Representative: \_\_\_\_\_  
 Participant Names. Total group contributions must equal \$550.

(1) \$ \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(2) \$ \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(3) \$ \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(4) \$ \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(5) \$ \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please ensure that the reverse side is completed. Thank you!