



**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. Together, we will make a difference in our community.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2021 annual membership options. Members must be 16 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 contains 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:**

\$\_\_\_\_\_ Additional resources to support Project W is appreciated!

**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 Focus Area.

\_\_\_\_\_ Health \_\_\_\_\_ Education \_\_\_\_\_ Family

**Payment Type:**

\_\_\_\_\_ Check Enclosed. Payable to The Community's Foundation, 900 W. Sproul Rd, Suite 101, Springfield, PA 19064. Reference: Project W.

Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ American Express  
Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

\_\_\_\_\_ Yes, I would like to help cover credit card processing fees (3%).

Signature: \_\_\_\_\_

*This document will be shredded once processing is completed.*



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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!