



2021 Annual Membership Form

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

Annual membership options. Members must be 16 years of age or older:

- _____ Membership: \$550 individual 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%).

_____ **Partial payment option. If you would like to pay in two installments, you must make payment via credit card. 50% will be charged by 12/15/2020; the remaining 50% will be charged on 1/15/2021.**

Signature: _____

This document will be shredded once processing is completed.

The official registration and financial information of The Community's Foundation may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.



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

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!