



## 2023 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 or fewer women. *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!

### 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 make payments in installments, do not complete this form; please email [projectw@tcfhelps.org](mailto:projectw@tcfhelps.org) and we will be in touch. Payment must be made in full by October 14, 2022.**

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!