

YES! I WOULD LIKE TO DONATE TO THE
WOMEN'S COMMUNITY FOUNDATION.

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

I would like to be a WCF member. (Please complete the section under the membership you prefer.)

- MS. MEMBER (25 YEARS AND YOUNGER)**
Enclosed is my \$125 donation applied to 2018 grants.
- JUNIOR MEMBER (26-40 YEARS OLD)**
Enclosed is my \$325 donation applied to 2018 grants.
- FULL MEMBER**
Enclosed is my donation of \$525-999, where \$525 will be applied to 2018 grants. I would like the remainder of my donation applied as I indicated on the reverse of this insert.
- PREMIER MEMBER**
Enclosed is my donation of \$1,000 or more, where \$525 will be applied to 2018 grants. I would like the remainder of my donation applied as I indicate on the reverse of this insert.
- IN MEMORY MEMBER**
Enclosed is my donation in the amount of \$ _____ in memory of _____ applied as I indicate on the reverse of this insert.
- OTHER CONTRIBUTIONS**
Enclosed is my donation in the amount of \$ _____ applied as I indicate on the reverse of this insert.

Please complete your application
on the reverse side of this sheet.

All donations for the current year's grant
cycle are due on or before **SEPTEMBER 1.**

My membership option is marked. Please apply the remainder of my Premier and Full membership or my donation as an In Memory Member as follows:

- 2018 Grants: \$ _____
- Jan Elizabeth Saab Endowment: \$ _____
- Colleen McCullough Endowment: \$ _____
- WCF Endowment: \$ _____
- Operating Expenses: \$ _____

I am not interested in membership, but would like to make a donation.

DONATION. I would like to make a donation in the amount of \$ _____. Please apply my donation as follows:

- 2018 Grants: \$ _____
- Jan Elizabeth Saab Endowment: \$ _____
- Colleen McCullough Endowment: \$ _____
- WCF Endowment: \$ _____
- Operating Expenses: \$ _____

Since the origin of the WCF in 2000, nearly \$300,000 has been awarded to support projects in Newton and Harvey County.

2017 GRANT RECIPIENTS

CASA: A Voice for Children

Grand Central, Inc.

New Hope Shelter

New Jerusalem Missions

Newton Meals on Wheels

Newton Medical Center

Peace Connections

St. Matthew Representative Payee Program

Trinity Heights United Methodist Church



PLEASE RETURN THIS CARD TO:
Women's Community Foundation
c/o Central KS Community Foundation
301 North Main, Suite 200
Newton, KS 67114