

**YES! I WOULD LIKE TO BECOME A MEMBER OF
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.)

PREMIER MEMBER

Enclosed is my donation of \$1,000 or more, where \$525 will be applied to 2016 grants. I would like the remainder of my donation applied as I indicate below.

FULL MEMBER

Enclosed is my donation of \$525-999, where \$525 will be applied to 2016 grants. I would like the remainder of my donation applied as I indicated below.

JUNIOR MEMBER (26-40 YEARS OLD)

Enclosed is my \$325 donation applied to 2016 grants.

Ms. MEMBER (25 YEARS AND YOUNGER)

Enclosed is my \$125 donation applied to 2016 grants.

CONTRIBUTING MEMBER

Enclosed is my donation in the amount of \$ _____ applied as I indicate below.

IN MEMORY MEMBER

Enclosed is my donation in the amount of \$ _____ in memory of _____ applied as I indicate below.

My membership option is marked above. Please apply the remainder of my Premier and Full membership or my donations as a Contributing or In Memory Member as follows:

- 2016 Grants: \$ _____
- Jan Elizabeth Saab Endowment: \$ _____
- Colleen McCullough Endowment: \$ _____
- WCF Endowment: \$ _____

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:

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COMMENTS AND FEEDBACK

We sincerely welcome any comments or feedback you may have for improving the Women's Community Foundation. Your thoughts are very important to us as we enter the new giving cycle.



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

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

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