

**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.)

CONTRIBUTING MEMBER

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

MS. MEMBER (25 YEARS AND YOUNGER)

Enclosed is my \$125 donation applied to 2017 grants.

JUNIOR MEMBER (26-40 YEARS OLD)

Enclosed is my \$325 donation applied to 2017 grants.

FULL MEMBER

Enclosed is my donation of \$525-999, where \$525 will be applied to 2017 grants. I would like the remainder of my donation applied as I indicated on the reverse of this sheet.

PREMIER MEMBER

Enclosed is my donation of \$1,000 or more, where \$525 will be applied to 2017 grants. I would like the remainder of my donation applied as I indicate on the reverse of this sheet.

IN MEMORY MEMBER

Enclosed is my donation in the amount of \$ _____ in memory of _____ applied as I indicate on the reverse of this sheet.

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

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

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

- 2017 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.

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2016 GRANT RECIPIENTS

- Community Chaplain Response Team
- Harvey County Homeless Shelter
- Health Ministries Clinic
- Heart to Heart Child Advocacy Center
- Kansas Learning Center for Health
- Newton Meals on Wheels
- St. Matthew's Payee Program
- Trinity Heights Respite Care
- Prairie View

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



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