



## MEMBERSHIP FORM

### MEMBER INFORMATION

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### MEMBERSHIP CONTRIBUTION

I wish to become an Individual member for \$1000 and have a vote.

I wish to become a Circle Member and join one or two other members for a total of \$1000 and share one vote. Please list members names below:

\_\_\_\_\_

### PAYMENT OPTIONS

#### Check

Mail check for \$1000.00 made payable to Mathews Community Foundation, Memo: Mathews Women's Giving Circle, to The Mathews Community Foundation, PO Box 1037, Mathews, VA 23109.

#### Charge

Go to Mathews Community Foundation website, [www.mathewscf.org](http://www.mathewscf.org), to the donor page to Give Now.

### PARTICIPATION

As a voting member I am interested in volunteering on one or more of the following committees:

Grant Review

Membership

Special Events