

## **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	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, <a href="https://www.mathewscf.org">www.mathewscf.org</a> , 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