



Membership Form

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ E-mail: _____

Please be assured that member information will not be shared outside the organization's use.

I wish to become a Women of Vision, **founding member** of the Women of Purpose Fund and make my charitable donation of \$_____ to the Western Kansas Community Foundation. (A minimum of \$1,000 is required payable in installments of at least \$250 due by 06/30/2010)

I wish to become a 100 Women of Purpose **voting member** and make my charitable donation of \$_____ to the Women of Purpose Fund at the Western Kansas Community Foundation. (A minimum of \$100 is required to secure a voting membership. The first 100 to join this group will be able to vote on grants given from the fund that year.)

I would like to make a charitable donation to the Friends of the Women of Purpose Fund of \$_____ to the Women of Purpose Fund at the Western Kansas Community Foundation.

Will your company contribute a matching donation? ____ Yes ____ No

Member Involvement:

As a member you may choose to play an active role in the grant proposal process by serving on several standing committees; or you may choose to only participate in the annual voting process. You are invited to attend our Annual Women of Purpose Event which includes the presentation of the grant awards at a dinner held in October.

For more information please contact the Western Kansas Community Foundation at 620-271-9484 or access our website at www.wkcf.org.

Signature: _____ Date: _____



Please sign, and mail, along with your payment to:
Western Kansas Community Foundation, ~~P.O. Box 1452~~ 402 N Main, Garden City, KS 67846

Office Use ONLY Check # _____ Amount _____ Date Recd _____