

# Member Card



## Member Information

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

\*Membership is based on a \$1,000 annual contribution or \$500 for members 40 and under.

\*\*If you wish to contribute to the 2011 grant awards, please remit payment by January 31, 2012.

## Pledge Information

I pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I plan to make this contribution in the form of:  
\_\_\_ check \_\_\_ credit card (can be made online at [www.gnvcf.org](http://www.gnvcf.org)) \_\_\_ other.

Name on card	
Credit card type	
Credit card number	
Expiration date	
Security code	

Gift will be matched by \_\_\_\_\_ (company/family/foundation).

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Women's Giving Circle  
5214-A SW 91<sup>st</sup> Drive  
Gainesville, FL 32608