



# Women's Giving Circle of Cumberland County Enrollment Information

## Member Enrollment Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Preferred Contact:  Email  Phone  Mail

## Contributions

Regular Membership: I pledge \$550 annually for a period of three years. \$400 will be contributed to the grant fund, \$100 will be contributed to the endowment, and \$50 will go towards operating expenses.

I would like to make my gift anonymously.

Junior membership (ages 18 – 35): \$275.00 annually; \$250 to grant fund, \$25 to operating expenses; Committee participation required;

I would like to pay my pledge, to be received **no later than October 31<sup>st</sup>** to be included as a member in the current year by:

One payment in full

Two installment contributions *(first partial contribution should be attached to membership enrollment form)*

In addition to my annual pledge (above), I would like to contribute \$\_\_\_\_\_ to the Women's Giving Circle of Cumberland County Endowment.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The Women's Giving Circle is a fund of the Cumberland Community Foundation, Inc. Cumberland Community Foundation is a 501(c)(3) tax-exempt, publicly supported organization serving the Cumberland County and surrounding areas. Contributions are fully deductible to the extent permitted by law.

Cumberland Community Foundation, Inc. /308 Green Street/P.O. Box 2345/Fayetteville, NC 28302/www.cumberlandcf.org



# Women's Giving Circle of Cumberland County Enrollment Information

## Method of Payment

- Enclosed is my check payable to Cumberland Community Foundation. Women's Giving Circle of Cumberland County should appear in the memo line.
- I wish to transfer stock or securities. Please contact Mary Anne Brooks - CCF 910-483-4449 ext. 106.
- I would like to include the Women's Giving Circle of Cumberland County in my planned giving. A CCF staff member will contact you with further information.
- My employer will match my gift.  
I am enclosing \$ \_\_\_\_\_ My employer will contribute \$ \_\_\_\_\_  
Employer Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Privacy and Permission Statements

The membership directory is solely for the use of members of Women's Giving Circle of Cumberland County. Its purpose is to allow members to communicate with one another about Women's Giving Circle business. It is not to be distributed or duplicated for outside use. Each member is trusted to keep this information private and confidential.

\_\_\_ I have read and will follow the privacy statement above.

\_\_\_ I am willing for my name to be listed as a WGCC member in promotional materials including brochures and our website.

**Signature** \_\_\_\_\_ Date \_\_\_\_\_

## Tell A Friend!

Please send information on the Women's Giving Circle of Cumberland County to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_