



MEMBERSHIP FORM

Name _____ Check Here To Remain Anonymous _____

Print clearly as you wish your name to appear in print unless otherwise noted as anonymous.

Address _____ City _____

State _____ Zip _____ Email (primary) _____ Print VERY clearly as EMAIL is our primary method of communication to save on postage

Home Phone _____ Work Phone _____ Cell Phone _____

Membership Information

I wish to make my non-refundable annual contribution to POW!. All membership forms for the 20__ grant year.

___ I am paying by Check (enclosed)

___ I am paying online at CFHenderson.org or POWFund.org by Credit Card & *Copy of Printed Receipt Enclosed (*Critical)

After checking one of the above, be sure to note all below that apply to you.

___ I wish to become a member for the 20__ year. ___ Enclosed is payment for \$500. (Note Method of Payment Above)

___ I wish to become a POWER Leader with a 5-year commitment. Enclosed is my (circle one) 1st 2nd 3rd 4th 5th \$500 gift over 5 years. (Note Method of Payment Above)

___ I wish to become a member for 20__ year and make installment payments. Attached is my payment for \$_____. The remainder will be paid in monthly installments to be complete by June of giving year. (All members will pay automatically until balance is paid in full.) (Note Method of Payment Above)

___ I wish to have a Shared Membership with one or more person(s). Attached my payment for \$_____ Group Name: _____ (Note Method of Payment Above)

___ I wish to name a POWER Legacy in the name of my daughter, granddaughter or other woman of importance. Attached is my check for EACH one with a list of their names below and how they are to be acknowledged (\$500 each).

Additional Acknowledgement Name(s) PRINT CLEARLY to appear in publication: _____

___ Contact me regarding a gift of stock.

___ My Company makes matching gifts. (Attach company paperwork to match your gift or contact us for help on how to complete your corporate match)

___ I wish to be designated a Friend of POW! with my contribution of \$_____. (Gifts less than \$500) (I understand this gift does not provide me with voting rights and these funds will first be designated to cover administrative costs and, only at the discretion of the Board of Directors, will this money be included in a grant.)

___ I wish to make a special gift in honor/memory of _____ in the amount of \$_____. (I understand all special gifts will first be designated to cover administrative costs and, only at the discretion of the Board of Directors, will this money be included in a grant.)

___ I wish to make a donation to administrative funds in the amount of \$_____.

Member Involvement (check as many as interested and number 1-6 1 being high to lowest interest if checking several)

I am interested in joining: [] Advisory Board [] Grant Committee [] Membership Committee [] Annual Dinner Committee [] Support Mailings/Communication [] Special Events Committee

Signature _____ Date _____

Please make all checks payable to: The Community Foundation of Henderson (BE SURE to put POW! on the memo line of your check!).

Mail to: POW! Partnership of Women PO Box 441 Henderson, KY 42419-0441

www.POWFUND.org info@POWFund.org