



WGA | Women's Gift Alliance
Making a Difference Through Philanthropy

MEMBERSHIP ENROLLMENT FORM

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____ Cell Phone _____

Email _____ Fax _____

I wish to become a member of the Women's Gift Alliance and commit to contributing \$1050.00 every year for three (3) years. My membership term begins in the year _____ and ends in the year _____.

Signature _____ Date _____

Payment Information

Enclosed is my check for \$1050.00 (Payable to Idaho Community Foundation).

Charge my VISA or MasterCard in the amount of \$1050.00.

Pay online @ www.idcomfdn.org/funds/WGAfund

Payment plans available. (Contact us for details.)

Donating stocks and/or Mutual Funds (Form Available upon request)

Name on card _____

Account Number _____ Expiration Date _____

Signature _____ Today's Date _____

(required for credit card payment)

Please return this completed form to:

Women's Gift Alliance
PO Box 98
Hayden, ID 83835

Please note: We respectfully request that contributions be made by December 1st, however contributions are due no later than December 31st. Contributions may also be made in the form of appreciated stock provided the net sale of the securities meets or exceeds the annual contribution requirement.

WGA Member Information

Name _____

How did you learn about the Women's Gift Alliance?

Would you be willing to share your professional expertise or non-profit experience with the Women's Gift Alliance and its members? If so, in what way?

Are you interested in serving on a committee? If so, please indicate your area of interest.

_____ Membership

_____ Education

_____ Grants

_____ Communications

_____ Not at this time

Please suggest any organizations or projects that should be invited to participate in the 2006 pooled fund grant process:

WGA PRIVACY POLICY:

The Women's Gift Alliance may publish or display the names of its members from time to time, to acknowledge their contributions, and to promote the development of the WGA. A member's contact information (addresses, phone numbers or the like) will not, however, be disclosed, published or displayed in that process. If you prefer to remain completely anonymous, you may opt-out of any publication, display or use of your name by or for the Women's Gift Alliance by simply initialing the box below:

_____ I prefer to remain anonymous in my participation in the Women's Gift Alliance.