



Women's Gift Alliance

MEMBERSHIP RENEWAL 2024

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Signature _____ Date _____

PAYMENT INFORMATION

Contributions are made directly to **Idaho Community Foundation (ICF)**, a registered 501(c)(3) for accounting purposes only.

All grants and gifts are locally distributed and directed by our WGA membership.

Your full contribution is tax deductible, please verify with your accountant for your specific tax situation.

_____ Enclosed is my check in the amount of \$1,050. made payable to **Idaho Community Foundation**

_____ Charge my VISA _____ or Mastercard _____ in the amount of \$1,050.

Name on the Card _____

Account Number _____ Expiration Date _____

CVV (three digit Security Code on back of your card) _____

Your billing address _____

Signature for Credit Card Purchase _____ Today's Date _____

_____ Pay online, through secure portal. To access the payment portal, go to the WGA website,
[Womensgiftalliance.org/Membership](https://womensgiftalliance.org/Membership) and you will see "Make Donation Online."

_____ Donating Stocks and/or Mutual Funds

Form available upon request from our Treasurer, treasurer@womensgiftalliance.org

We respectfully request payment of your dues by December 1, 2023 for the 2024 Grant Cycle.

Please return your completed forms to:



RENEWING MEMBER INFORMATION 2024

Name _____

The mission of the Women's Gift Alliance is to pool the talents and resources of women to provide meaningful financial support to a broad range of charitable, cultural and educational projects within our North Idaho community. We thank you for your financial commitment, and welcome your personal commitment of time and skills to our all volunteer organization.

Would you be willing to share your professional expertise or nonprofit experience with the WGA and our membership? If so, in what way?

Would you be willing to serve on a Committee, or in a Board position? If so, please indicate your area(s) of interest:

Membership Education Grants Communication Finance Board

Are there organizations or projects within Kootenai County that you'd recommend we notify about our Grant application process?

Please indicate where you typically prefer to receive communications, checking all that apply:

Email E-newsletter Printed Newsletter Mailings Facebook Phone Call Text

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, emails, phone 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.