

## MEMBERSHIP FORM

MEMBERSHIP O NEW O	<b>RENEWING CURRENT MEMBER</b> (minimum annual donation of \$100.00 met)
NAME	
STREET ADDRESS	CITY / STATE / ZIP
EMAIL ADDRESS	PHONE
INCLUDE ME IN YOUR E-NEWS	⊖ yes ⊖ no
	NT OF GRANTS CHOSEN AT THE GATHERING ARE DIRECTLY DEPENDENT GIFT. PLEASE CONSIDER INCREASING YOUR DONATION.
(minimum)	50 \$500 \$750 OTHER   e before the Women's Giving Circle event in September.
PAYMENT OPTIONS	
O PAY BY CHECK - PAYABLE TO CROWN POINT COMMUNITY FOUNDATION.	
O PAY ONLINE AT: thecpcf.or GIFT TO: WOMEN'S GIVING	g. SIMPLY CLICK DONATE BUTTON AND DESIGNATE YOUR CIRCLE.
	AND EITHER EMAIL IT TO EVENTS@THECPCF.ORG OR MAIL IT TY FOUNDATION, PO BOX 522, CROWN POINT, IN 46308.
CROWN POINT community foundation	115 S. Court Street, Crown Point, IN 46307 p 219.662.7252 f 219.662.9493   PO Box 522, Crown Point, IN 46308 w thecpcf.org e info@thecpcf.org