



Women's Giving CIRCLE

MEMBERSHIP COMMITMENT

Membership **New** **Renewing** **Current Member** *(minimum donation of \$100.00 met)*

Member Name _____

Street Address _____ City / State / Zip _____

Email Address _____ Phone _____

Include me in your E-News Yes No

Annual Contribution

Gift **\$100** **\$250** **\$500** **\$750** **Other** _____
(minimum)

I understand my payment is due before the Women's Giving Circle event in September.

Payment Options

Pay by check **Pay online at: theccpcf.org/donate.html**

Please complete this form and either email it to info@theccpcf.org or mail it to Crown Point Community Foundation, PO Box 522, Crown Point, IN 46308.

To pay by check, please make payable to Crown Point Community Foundation.

Signature _____ Date _____



CROWN POINT
**community
foundation™**

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