



Membership Commitment Form

Welcome to the Women's Giving Circle of the Mid-Columbia Health Foundation. Please fill out the information below to become an official member of the Circle. Membership is renewed on an annual basis. Voting members must pay the annual pledge of \$500 before the voting meeting scheduled in November.

Name _____ Date _____

Address _____

Cell Phone _____

Work Phone _____

Email _____

Pledge Payment: \$500

Payment Method: Credit Card Check or Cash Payment Plan

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV _____

By completing this form, I agree to contribute \$500 to the Women's Giving Circle Fund. Funds will be distributed annually to local non-profit organizations that meet the designated criteria as voted on by WGC members.

Name _____ Date _____

Signature _____