



# 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 their annual pledge before the voting meeting scheduled in November.

Name \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Email \_\_\_\_\_

Membership level: \$ \_\_\_\_\_ (\$240 or \$500 or other)

Payment Method:  Cash or check

Credit Card { Cardholder Name \_\_\_\_\_  
Card Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Pay online at [www.mcmc.net/wgc](http://www.mcmc.net/wgc)

Payment Plan:  One payment

Charge monthly on the \_\_\_\_\_ day of each month for \$ \_\_\_\_\_

Other \_\_\_\_\_

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_