



COMMITMENT FORM

I commit to pay my membership dues for 5 years, payable each year, currently \$1,300*/year for a total commitment of \$6,500*. The WIF membership year is from July – June.

Signature (Please type for electronic signature)

Date

Personal Information:

Name _____

Goes By _____

Preferred Address _____

City/State/Zip _____

Preferred Email _____

Preferred Phone _____

Help Us Get To Know You:

Company Name (if applicable): _____

Industry: _____

Title (if applicable): _____

Referred by (if applicable): _____

Reason for joining: _____

How did you hear about the Women’s Impact Fund?

Friend Work Community Involvement Other: _____

What skills do you have that you would like to utilize to impact WIF? _____

What skills do you want to build through WIF? _____

Payment Options:

_____ My check for \$ _____, payable to **Women’s Impact Fund** is in the mail.

_____ My household’s matching gift form is enclosed **OR** I will apply for a **match on-line**

_____ I will use the monthly payment plan for my annual contribution (**please send me the information to sign up**)

_____ Transfer Securities: Please contact the Women’s Impact Fund Office for more information.

_____ Pay online <http://womensimpactfund.org/donate/>. Visa/Mastercard only.

Please save this form to your computer & email to Kathleen Bambrick Meier at kmeier@womensimpactfund.org

For more information, please call Jessica Klasinski or Kathleen Bambrick Meier at (704) 707-4292.

Thank you for your support of the Women’s Impact Fund!

*Please note that annual membership dues are subject to change, and that any dues change would apply to all Women’s Impact Fund Members.