



- Yes, I want to be a member of Women4given.  
I understand that the minimum membership contribution is \$365/year.

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Home Phone\_\_\_\_\_

Cell \_\_\_\_\_

E-mail\_\_\_\_\_

- I consent to having my name on a member list distributed to our members.  
(name only, no other contact info will be included )

By signing this form I assent to four Christian principles: we are all sinners; we are saved by Jesus Christ; we love God; we love our neighbor.

Signature\_\_\_\_\_

Enclosed is my check in the amount of:

- \$365 annual     \$182.50 semiannual

OR

- \$31 monthly payment via electronic banking

Please make checks payable to:

Women4given | PO Box 296 | O'Fallon, IL 62269

I am interested in learning more about:

- Grants Task Force     Membership Committee     Program Committee  
 Volunteer Committee     Marketing Committee

*The giving circle is organized for charitable, religious, and educational purposes as a not-for-profit corporation under the laws of Illinois and is exempt from federal income tax under section 501(c)(3) of the IRS code.*