**JUNIOR MEMBER COMMITMENT FORM**

**Yes, I want to become a Junior Member of the Women’s Giving Network of Wake County.** I commit to paying $600.00 payable by July 31st, beginning in the year \_\_\_\_\_\_\_, I understand that the Junior Membership is renewable annually at the discretion of the Sponsor for a reduced commitment of $600. The Sponsor will contribute the remaining $600 and will have the option of renewing sponsorship on a year-to-year basis. I understand that the primary purpose of the Women’s Giving Network of Wake County is to strengthen the Wake County community through annual grants to area nonprofits, and that these grants depend on my timely payment. If I am unable or unwilling for any reason to fulfill my commitment I will notify the North Carolina Community Foundation.

Signature (required) Date

Name \_\_\_\_\_\_\_

Preferred Mailing Address

City/State/Zip

E-mail Fax

Phone (h) (cell) (w)

Sponsor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Options:

* Invoice Annually – ­­­­ an invoice will be mailed to me at the beginning of July every year for the full yearly amount of $600.00 due by July 31st of the year in order to vote in the grants process.
  + The check is attached
  + Charge my Visa/MasterCard for my annual payment of $600.00.
* Stock gift (please contact the NCCF office at 919-256-6914 to obtain transfer information)

Name as it appears on card  Visa  MasterCard

Card Number Expiration Date Security Code \_\_\_\_\_\_\_

Billing Address

Signature

Please send completed form to the Wake County Women’s Giving Network c/o North Carolina Community Foundation, 3737 Glenwood Avenue, Suite 460, Raleigh, NC 27612; fax: 919-827-0749, email: qnovels@nccommunityfoundation.org. For more information, please call Quinn Novels at 919-256-6914 or e-mail qnovels@nccommunityfoundation.org.

**JUNIOR MEMBER**

**SPONSOR COMMITMENT FORM**

**Yes, I want to Sponsor a Junior Member of the Women’s Giving Network of Wake County.** I commit to paying $600.00 payable by July 31st, beginning in the year \_\_\_\_\_\_\_, I understand that the Junior Membership is renewable annually at the discretion of the Sponsor for a reduced commitment of $600. The Sponsor will contribute the remaining $600 and will have the option of renewing sponsorship on a year-to-year basis. I understand that the primary purpose of the Women’s Giving Network of Wake County is to strengthen the Wake County community through annual grants to area nonprofits, and that these grants depend on my timely payment. If I am unable or unwilling for any reason to fulfill my commitment I will notify the North Carolina Community Foundation.

Signature (required) Date

Name \_\_\_\_\_\_\_

Preferred Mailing Address

City/State/Zip

E-mail Fax

Phone (h) (cell) (w)

Junior Member Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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