**NEW MEMBER COMMITMENT FORM**

**Yes, I want to become a member of the Women’s Giving Network of Wake County.** I commit to paying $1,200.00 per year for 3 years payable each year by May 31st, beginning in the year \_\_\_\_\_\_\_, with my last payment completing a total obligation of $3,600 due in the year \_\_\_\_\_\_\_. I understand that at the end of my three-year commitment, I may choose to remain a WGN member by completing a renewal form to commit to an additional two years. 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)

How did you learn about WGN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Options:

* Invoice Annually – ­­­­ an invoice will be mailed to me every year for the full yearly amount of $1,200.00 due by May 31st of each year in order to vote in the grants process.
  + The check is attached
  + Charge my Visa/MasterCard for my first payment of $1,200.00.
* 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: mbell@nccommunityfoundation.org. For more information, please call Meredith Bell at 919-256-6914 or e-mail mbell@nccommunityfoundation.org.