



Name _____ Check here to remain anonymous _____

Address _____ City _____ State _____ Zip _____

Email (primary) _____ Home Phone _____ Work Phone _____ Cell Phone _____

I wish to make my non-refundable annual contribution to WON for the current grant year (20__). I understand that One (1) full membership is a total of \$500, which equals One (1) vote.

_____ I wish to become a member for the 20__ year. Enclosed is payment for \$500.00

_____ I wish to have a Group Membership with One (1) other person. Attached are payments for \$250.00 each. *

_____ I wish to have a Group Membership with Four (4) Persons. Attached are payments for \$125.00 each.*

_____ I wish to be a Business Sponsor of my employee(s) or sponsored woman _____ . Attached is payment of \$500.

** (If sponsoring more than one employee please fill out a separate form for each).*

_____ I just want to be a Friend of WON and am attaching a check for my contribution. (no vote for this type of donation)

Please make all checks payable to: THE MURRAY-CALLOWAY COUNTY COMMUNITY FOUNDATION.
MAIL TO: WOMEN OF NUMBERS, 705 South 4th Street, Murray, KY 42071

WON is an affiliate of the Murray-Calloway County Community Foundation & the Community Foundation of West Kentucky, a non-profit organization exempt from federal taxes under IRS Code 5011(c)(3). All contributions are tax deductible.

*Please fill out a Membership form for each member of the group.