



COMMITMENT FORM

Yes, I want to become a member of The Women's Network Fund. I pledge \$1,200 a year for five years payable each year by October 31.

Signature (required) _____ Date _____

Name _____

Preferred Mailing Address _____

City/State/Zip _____

E-mail _____ Fax _____

Phone (h) _____ (cell) _____ (w) _____

Payment Options for Pledge: Membership Begins (circle one): 2011 2012 2013 2014 2015

- Annually – 5 payments of \$1,200 due by October 31st of each year.
 - My first check of \$1,200, payable to The Women's Network, is enclosed. I will be invoiced the remaining four years.
 - Charge my Visa/MasterCard for \$1,200 for my first payment. I will be invoiced the remaining four years.
 - Invoice me annually for each payment.
- Quarterly – 4 payments of \$300 due each year by January, April, July, and October. *I understand the full \$1,200 is due for the first year of my pledge, regardless of when I join.*
 - My first check of \$300, payable to The Women's Network, is enclosed.
 - Charge my Visa/MasterCard for \$300 for my first payment. I will be invoiced for the remaining three payments of year one, and for each of the four payments in subsequent years.
 - Invoice me for four payments due this year and four times a year for remaining years.
- Stock gift (please contact the NCCF office at 256-6914 to obtain transfer information)

Name as it appears on card _____ Visa MasterCard

Card Number _____ Expiration Date _____

Billing Address _____

Signature _____

Please mail or fax completed form along with payment to: The Women's Network, c/o North Carolina Community Foundation, 4601 Six Forks Road, Suite 524, Raleigh, NC 27609. Fax number is 828-5495. For more information, please call Jeanne Lawson at 256-6914 or e-mail her at jlawson@nccommunityfoundation.org.