

***Yes, I want to join GWC!***

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday (month and date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Contributions*

 **Annual Membership**: Enclosed is my $550 annual contribution, due by December 31st for the following year.

 ($400 for GWC Granting Fund; $100 for GWC Endowment; $50 for GWC administrative expenses)

$ 550 Annual Membership

 **In addition,** I would like to contribute:

 $\_\_\_\_\_\_\_\_ \_\_ to the GWC granting fund

 $\_\_\_\_\_\_\_\_ \_\_ to the GWC endowment

 $\_\_\_\_\_\_\_\_ \_\_ TOTAL

 Please contact me about gift memberships and/or contributions in honor or memory of someone.

*Photo and Video release*: I hereby authorize Greenwood Women Care and the Greenwood County Community Foundation and their representatives and employees to use photos and videos of me in print or web materials related to GWC or GCCF, with or without my name, for any lawful purpose such as publicity, website content or news items.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make checks payable to: GCCF, memo *Greenwood Women Care*

Mail form and payment to: GCCF, 110 Phoenix St., Greenwood, SC 29646

Annual memberships and other contributions may be made online: [greenwoodcf.org/greenwood-women-care](http://www.greenwoodcf.org/greenwood-women-care/)

*Greenwood Women Care is an initiative of the Greenwood County Community Foundation, a 501(c)3 tax-exempt, public foundation. Contributions are fully deductible to the extent permitted by law.*