



JWF MEMBERSHIP/RENEWAL FORM

Date: _____

I am happy to become a member of the Jewish Women's Foundation by contributing a gift of:

- _____ \$100,000 - Lifetime Membership
- _____ \$10,000 - 5 years* x \$2,000/year (over 40)
- _____ \$6,000 - 3 years* x \$2,000/year (over 40)
- _____ \$5,000 - 5 years* x \$1,000/year (under 40)
- _____ \$3,000 - 3 years* x \$1,000/year (under 40)

Print Name

Address

Phone

Email

- I will mail a check for \$ _____
- Please call me for my credit card.
- I recommend a grant for \$ _____ from the _____ Fund of the Jewish Community Foundation.

Please schedule this as an annual recurring grant. Yes No

Signature

Together we have an opportunity to directly impact the issues confronting Jewish women and girls in our community – in a collaborative, proactive, and strategic fashion.

We welcome you as a member and greatly appreciate your generous support!

*Annual payment plans are non-binding expressions of intent. In future years, I may pay any outstanding balance by making a tax-deductible gift to the Jewish Community Foundation or by recommending a grant from my donor advised fund.