



\_\_\_\_\_ It is my intent to contribute at least \$300 for the **Women's Legacy Fund of the Montgomery County Community Foundation.**

I understand that \$100 will go to the **Women's Legacy Endowed Fund** to assure *long term funding* to organizations that support the needs of women and children, while the remaining \$200 balance will be used *annually* to improve the lives of women and their children in Montgomery County.

This donation covers membership from January 1, 2019 to December 31, 2019.

**OR**

\_\_\_\_\_ It is my intention to join the Women's Legacy Fund at the \$150 per year level (a privilege that may be invoked for only three years, after which members are expected to donate the full \$300 each year). I understand that \$50 will go to the **Women's Legacy Endowed Fund** to assure *long term funding* to organizations that support the needs of women and children, while the remaining \$100 will be used *annually* to improve the lives of women and their children in Montgomery County. This donation covers membership from January 1, 2019 to December 31, 2019.

**My total pledge to the Women's Legacy Fund for 2019 is \_\_\_\_\_.**

\_\_\_\_\_ I give my permission for the Montgomery County Community Foundation to publicize my commitment in MCCF publications such as the Annual Report.

**Printed Name (as you would like it to be acknowledged)**

\_\_\_\_\_  
**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Please send to     Montgomery County Community Foundation  
P. O. Box 334  
Crawfordsville, Indiana 47933**