



2025 Membership Form

- It is my intent to contribute at least \$300 to the Women's Legacy Fund of the Montgomery County Community Foundation, payable to MCCF by December 31, 2024.

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 as a *one-time expenditure* during the current grantmaking year, as the membership determines, to improve the lives of women and children in Montgomery County. This donation covers membership from January 1, 2025 to December 31, 2025.

OR

- It is my intent to contribute at least \$150 to the Women's Legacy Fund of the Montgomery County Community Foundation, payable to MCCF by December 31, 2023.

Please note: the \$150 option is a privilege that may be invoked only by new members and for a maximum of 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 balance will be used as a *one-time expenditure* during the current grantmaking year, as the membership determines, to improve the lives of women and children in Montgomery County. This donation covers membership from January 1, 2025 to December 31, 2025.

My total pledge to the Women's Legacy Fund for 2025 is _____

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

Name (as you would like it to be acknowledged): _____

Address: _____

City/State/Zip _____

Telephone _____ Email _____

Signature _____

**Please return to: Montgomery County Community Foundation, Cheryl@mccf-in.org or
P. O. Box 334
Crawfordsville, Indiana 47933**