



2019 Membership Form

We encourage you to join soon so you will benefit from a full year of membership.

Thanks to our host organization Johnson County Community Foundation (JCCF) we are offering special incentives. Any Member who renews by **January 31, 2019**, and any New Member who joins by **April 24, 2019**, will each be eligible to direct a \$1,000 grant for the nonprofit organization of her choice. A winner will be chosen by a random drawing.

PLEASE PRINT

Name As you want it to appear on your name badge.		
Street Address		
City	State	Zip Code
Email Address		
Cell Phone	Home Phone	

Please add 100WomenJC@gmail.com to your email contacts so you don't miss our messages.

MEMBERSHIP STATUS: **SELECT ONE**

- I am joining as a **NEW MEMBER** I am a **RENEWING MEMBER**

As a 2019 member of 100 Women Who Care Johnson County you make a \$500 donation commitment. The \$500 commitment includes your \$100 Annual Membership Fee to help build our 100 Women Fund at JCCF and a promise to donate \$100 to the nonprofit our group chooses each quarter.

Note: If you join after Q1, you must still pay the Membership Fee, but you are only responsible for the quarterly meeting gifts occurring after you join.

2019 PAYMENT OPTIONS: **SELECT ONE**

A credit card payment is only available for the prepay Option B. (Refer to the back of this form for detailed instructions.)

- A. I will submit my nonrefundable \$100 Annual Membership Fee with my Membership Form** (make your check payable to: 100 Women Who Care Fund).
I promise to write four (4) quarterly donation checks of \$100 each to the 501(c)(3) grantee organizations chosen by the 100+ Women Who Care Johnson County members at each Quarterly Meeting.
- B. I wish to pay all my donations at one time**, therefore I will pay my nonrefundable 2019 Membership Fee and four \$100 quarterly contributions in advance. I understand I can write a check for the entire amount of \$500 or pay online via credit card for \$515 (\$500 in donations + a \$15 credit card processing fee) or \$565 with my event fees.

2019 EVENT FEE OPTIONS: **SELECT ONE**

- A. I will pay my quarterly \$12 nonrefundable Event Fee in person at each meeting I attend.**
- B. I choose to pay my quarterly \$12 nonrefundable Event Fee in advance for the year.** (If paying by check, add \$48 to your payment. If paying online via credit card, add \$50 to include a \$2 credit card processing fee.)

By signing below:

- I agree to honor my commitment, even if I am not fond of the organization chosen by majority vote of the members.
- If I am unable to attend a quarterly meeting, I will give my check to another Member to deliver on my behalf and use it to vote my Proxy **OR** I will mail my check within seven (7) days to the address below.

Signature: _____

Date: _____

MAIL YOUR MEMBERSHIP FORM AND DONATION CHECK TO: JCCF/100 Women, PO Box 217, Franklin, IN 46131

To pay your nonrefundable Membership Fee, and/or, nonrefundable Event Fee online via credit card, follow these instructions:

- ❑ Go to the Johnson County Community Foundation's secure website at <https://www.jccf.org/give-one-time>
- ❑ Fill out the required boxes highlighted below in red (Enter the full gift amount, including credit card processing fee: 2019 Membership Only (full year) \$515; 2019 Membership + Event Fee (full year) \$565)



What cause would you like to support today?

GREATEST NEED - our staff and board will direct your donation to the cause needing the most support today. For donations of \$100 or more, you become a member of our Circle of Friends.

EXISTING FUND - choose to support an existing fund set up to support a specific cause. Type in the name of the fund in the box below.

KEY CAUSE - choose to direct your donation to one of these key areas in our community that many people enjoy supporting.

Give to an existing fund

Fund - You MUST type in a fund name.*

100 Women Who Care Johnson County Fund

[Click here to view a lot of all of our funds.](#)

Thank you for choosing to connect with your community through JCCF.
Donate now by filling out the form below.

All required fields are marked with an asterisk (*).

Gift Amount

515 OR 565

(maximum \$2,000 per transaction)

Donor Information

First Name*

Anna

Company/Organization if applicable to your donation

Payment Information

Submit Form



Form secured by Formstack