100 Women
Charitable Foundation

2012
MEMBERSHIP FORM
January - December 31, 2012
Tax ID #20-5704725

☐ New Member ☐ Renewal

Name: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code:_____

Home Phone: _____ Cell Phone:_____

Our member information will not be shared outside of the organization's use.

☐ **I wish to become a 2012 voting member and make my non-refundable annual contribution of $_____**
to 100 Women Charitable Foundation, Inc. *(A minimum of $100 is required to become a voting member, and I understand that 100% of my annual membership donation will be used to fund grant awards in March 2013.)*

☐ **I would like to make an additional donation to the "Friends of 100 Women" campaign of $_____**
The "Friends" campaign is specifically designated to cover Foundation administrative & overhead expenses.

PAYMENT OPTIONS: **Personal Check** **Credit Card** **Circle One: MC VISA AMEX**

Please charge my credit card. I understand all credit card transactions will include an additional 4% fee to cover bank processing costs to 100 Women Charitable Foundation. The full amount of your donation however, is tax deductible.

CC#_____ Exp. Date: _____/_____

Name as it appears on Credit Card: **Signature:**

_____ _____

Please make all checks payable to: 100 Women Charitable Foundation, Inc.

Will your company contribute a matching donation? Yes No

If yes, please tell us the Company Name and Contact: _____

MEMBER INVOLVEMENT: As a voting member you may choose to play an active role in the grant proposal process by serving on a Grant Committee; or you may choose to only participate in the voting process at Annual Membership Meeting and Grant Awards Dinner held in March 2013. At this time, I choose the following:

☐ Annual voting process only

☐ Help wherever needed

☐ Host a Membership Spread the Word Event

☐ Become more involved with the Board

☐ Grant Committee (Circle One)
Family *Education* *Health & Wellness*

☐ Have skills and willing to help with: (Circle all that apply)
PR / Marketing *Website* *Database*

RELEASE OF LIABILITY: by your signature on this Waiver and Release of Liability you waive your legal rights to claim, sue or attempts to hold liable the parties being released in connection with any activity by the 100 Women Charitable Foundation, Inc. The parties being released are: The 100 Women Charitable Foundation organization, including all its directors, officers, agents, attorneys, and non-officer volunteers; additionally, the volunteers are being released from any liability. I understand that the 100 Women Charitable Foundation, Inc. is a non-profit charitable activity, under Internal Revenue Code 501 (c)3, and that the directors, officers and volunteers are unpaid and not employees. I understand and acknowledge that by signing this I agree to waive any liability claim personal or otherwise.

Signed:_____ Date: _____

Please sign, and mail, along with your payment to:
100 Women Charitable Foundation, Inc., P.O. Box 3418, Los Altos, CA 94024

Office Use ONLY **Check # _____Amount _____ Date _____ DB_____**