

Renewal  New Member

How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Our membership information is not shared outside of the organization.*

**I wish to become a 2018 Voting Member, and make my non-refundable annual contribution of:**

\$100 (minimum contribution)  \$200  \$500  Other Amount \$ \_\_\_\_\_

*A minimum of \$100 is required to become a voting member. 100% of this donation is used to fund grant awards in March 2019.*

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 and overhead expenses.*

Does your company have matching donations?  No  Yes - please provide company name and contact:

Payment Options: Personal Check – use this form.  
*Please make checks payable to 100 Women Charitable Foundation.*

Credit Card – Please visit [www.100WomenFoundation.org](http://www.100WomenFoundation.org)  
If you are using this form at an event – please see one of our volunteers.

**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 the Annual Membership Meeting and Grant Awards Dinner the first Friday March 2019. At this time, I am interested in:

- I will participate in the annual voting process only
- I am willing to help with the annual dinner
- I am willing to host a membership "Spread the Word"
- I am interested in becoming involved with the Board or on a Sub-Committee
- I would like to participate on a grant committee (annual deadline June 1<sup>st</sup> of the committee year):  
Any / Family / Education / Health & Wellness

**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, P.O. Box 3418, Los Altos, CA 94024*

Office use ONLY    Check # \_\_\_\_\_    Amount \$ \_\_\_\_\_    Date \_\_\_\_\_