

MEMBERSHIP FORM

Name
Address
City, State Zip
Phone [Circle One: Cell Home Work]
Email

I want to belong to 100 Women Strong!

- **Check** | Enclosed is my check in the amount of \$1,100 made payable to Central Florida Foundation with **100 Women Strong** on the memo line.
- **Credit Card** | I will pay by credit card in the amount of \$1,100
 - Visit website at www.cffound.org;
 - Click on **GIVE** at the top of the page then **Donate to a Fund**
 - Click on **Donate** button next to the 100 Women Strong Fund
 - Follow the steps to complete the donation form
- **Invoice** | Please send me an invoice.
- **Donate** | In lieu of membership, I would like to donate to the 100 Women Strong Fund.

Choose your level of participation. I am interested in playing an active role in:

- _____ Leadership Team
- _____ Membership & Events Team
- _____ Grants Team
- _____ Communications & Social Media Team
- _____ Host a social or educational gathering in my home
- _____ Participate in monthly Women’s Collective Giving Network calls
- _____ Write ‘Thank you’ notes to new and/or renewing members

Questions? Contact Sandi Vidal at svidal@cffound.org or 407.872.3050

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