



Membership Commitment Form

2024

YEAR SIX OF THE MCHF WOMEN'S GIVING CIRCLE.

Welcome to the Women's Giving Circle of the Mid-Columbia Health Foundation. Please fill out the information below to become an official member of the Circle. Membership is renewed on an annual basis. Voting members must pay their annual pledge before the voting meeting scheduled in December.

Name _____

Address _____

Preferred Phone _____

Email _____

Membership level: \$ _____ (\$240 or \$500 or other)

Payment Method: Cash or check



SCAN ME

Credit Card { Cardholder Name _____
Card Number _____
Exp. Date _____ CVV _____

Pay online at www.mcmc.net/wgc

Payment Plan: One payment

Charge monthly on the _____ day of each month for \$ _____

Other _____

By completing this form, I agree to pay my membership to the Women's Giving Circle Fund by December 15, 2024. Funds will be distributed annually to local non-profit organizations that meet the designated criteria as voted on by members.

Name _____ Date _____

Signature _____