



www.communityfoundation.org/fundforwomen  
fund4women@yahoo.com  
phone: 607-734-6412  
fax: 607-734-7335

(Please print clearly.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ \* Email \_\_\_\_\_

\* Go **GREEN** with the Fund for Women. Communication from the fund is done by email. We **do not** share member email addresses with organizations outside of the fund. Please ensure that your network server will allow email messages from [www.communityfund.org](http://www.communityfund.org).

How did you hear about the Fund for Women? \_\_\_\_\_

If recruited by a friend or relative, will you please share their name? \_\_\_\_\_

**Giving Categories:**

I would like to become a **Founder** of the Fund for Women. (Please check all that apply.)

\_\_\_\_\_ I will make a one-time gift of \$1,000.

\_\_\_\_\_ I will make (4) \$250 annual gifts.

\_\_\_\_\_ I would like to arrange a payment schedule. Please contact me to discuss details.

\_\_\_\_\_ I would like to make a gift of stock.

\_\_\_\_\_ Other: \_\_\_\_\_

**OR**

I would like to become a **Member** of the Fund for Women.

\_\_\_\_\_ I will make an annual gift of \$25 or more to the fund.

**OR**

I would like to become a **Fellow** of the Fund for Women. (For men who are interested in becoming members.)

\_\_\_\_\_ I will make a one-time gift of \$1,000.

\_\_\_\_\_ I will make (4) \$250 annual gifts.

\_\_\_\_\_ I will make an annual gift or \$25 or more to the fund.

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\_\_\_\_\_ **In addition to my contribution, I would like to volunteer time to the Fund for Women.**

**MAKE EVERY CENT OF YOUR MEMBERSHIP COUNT! Please make checks payable to the Fund for Women.**

Donations are also accepted online at [www.communityfund.org/fundforwomen](http://www.communityfund.org/fundforwomen) – a nominal fee will be deducted to offset the costs of credit card processing. **Your donation is 100% tax-deductible**, but you can donate with a check if you prefer to avoid the fee. The Fund for Women strives for efficiency, so no more than 2% of funds raised will be used to support operating and growth of the Fund.

I authorize the Community Foundation of Elmira-Corning and the Finger Lakes, Inc. to list my name as a Founder, Member or Fellow of the Fund for Women. I also understand that photographs taken at events or meetings may appear without compensation in print or electronic materials related to the Fund for Women.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form below and return to:  
**Fund for Women** at the Community Foundation of Elmira-Corning and the Finger Lakes  
307B East Water Street ■ Elmira, NY 14901