

## WOMEN'S PHILANTHROPY BOARD

Membership and Partnership Gift Form

Name:			
Mailing Address:			
City:	State:	Zip Code:	
Preferred Email(s):			
Preferred Phone Number:	Cell	Home Busir	ness
May we include you in published donor listings?	Yes	No	
Yes, I/we would like to support Women's Phi Cary Center for the Advancement of Philanth membership/sponsorship level per year:			
\$5,000 Visionary/Phil Sr. Member			
\$1,000 Benefactor/Phil Member			
\$500 Associate/Phil Jr. Member (Availa	able for ages 35 and younger	:)	
\$500 Spousal Member Add-On (additional part)	on to any membership)		
☐ \$5,000 Corporate Partner			
☐ \$1,500 Business Partner			
\$30,000 Legacy Member (Endowed gift. Providence)	ides permanent membersh	nip. Can be paid over 5 vear	rs/\$6.000 vear.)
(For additional information about establishing a WPB Legacy Membin the College of Human Sciences Advancement Office at 334.844.	bership/Endowment or giving opt		
WPB Membership and Partnership gifts and pledge payments may qualified charitable distributions from IRAs, and donor advised fund		ng by credit card, electronic bank t	ransfers, stock transfers,
Total years of membership pledge:	for a total gift o	of \$	
Gift will be paid: \$	r \$ <i>\ \ \ Ar</i>	nnually	
Gift/Pledge Payment should start on: Date			
☐ I would like to receive pledge payment rem			
For the Donor(s):			
Signature Date	 Signature	 Date	_
Your WPB membership term starts with your first paymereminder by mail and/or email by August 1st or February	_	•	ve a renewal
Based on your gift/pledge above, your membership term is _	thro	ough	
You will receive WPB membership renewal reminder by Aug			
			WPR