**2018 Membership Commitment Form**

**Date:**

**Name:**

**Address:**

**City, State, ZIP:**

*Please check the best way(s) to reach you.*

**[ ]  Daytime Phone:**  **[ ]  Email**:

**[ ]  Cell Phone:**  **[ ]  Other:**

**MEMBERSHIP**

**For the calendar year, a 1 year membership (contribution)** to the African American Women’s Giving Circle is a commitment of **$1,000 or more per year plus $100** (the $100is used to cover administrative support and costs related to Circle activities, committees and mailing and printing). **Fifty percent** payment is required with submission of this membership form. The full balance of payment is required by **September 1st.**

**[ ]** Enclosed is full payment of my 2018 membership commitment of (please circle/X the amount)

$1,100 ($1,000 + $100) $1,600 ($1,500 + $100) $2,100($2,000 +$100)

Other Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** Enclosed is a 50% deposit towards my 2018 membership of $\_\_\_\_\_\_\_\_\_\_\_\_\_. **I understand that the balance of payment is due by September 1, 2018.**

**ANGEL DONATIONS**

Donations are welcome from Angel Donors who simply wish to contribute to help women and girls in our community.

**[ ]** Enclosed is a donation of (please circle/X the amount)

$50 $100 $500 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate method of payment:**

**[ ]** Pay by **check** (payable to ***Washington Area Women’s Foundation***)

**[ ]** Pay **online**: https://community.thewomensfoundation.org/give-now (Be sure to put **“AAWGC**” in the **“TRIBUTE NAME”** section)

**[ ]** Pay with the following **credit card:** *(preferred cards MC & VISA)*

Card #: Exp. Date:

Signature:

**Membership and Donations are tax deductible.**

***Please return this Commitment Form to:***

**African American Women’s Giving Circle**

c/o The Washington Area Women’s Foundation

 1331 H Street, NW, Suite 1000, Washington, DC 20005

 Tel: 202.347.7737 ext. 211

Email: aawgcofdc@gmail.com