



NEVADA WOMEN'S PHILANTHROPY MEMBERSHIP FORM

Please complete and return enclosed two (2) forms to NWP Membership Committee or Treasurer.

Member's Contribution:

To become a member of NWP by making a tax-deductible contribution of \$5,000, please fill out the following two (2) forms for contact information and payment.

Member's Contact Information:

NWP protects the privacy of all its members and does not share contact information.

Name *(as it should appear on member lists)* _____

Address _____

City _____

State _____

Zip _____

Email _____

Phone _____

Please note how you would like your donation to be acknowledged for tax purposes

(e.g. my name only, my name and partner, my business, or foundation).

Committee Information:

NWP encourages members to serve on an operating committee. Please signify your interest below, and a committee chair will contact you.

____ Grant Screening

____ Education/Events

____ Grant Monitoring

____ Outreach

____ Membership

____ Communications

Visit NWP on the web at www.nvwomensphilanthropy.org. For more information on NWP membership email Membership Committee Chairs at membership@nvwomensphilanthropy.org.



NEVADA WOMEN'S PHILANTHROPY MEMBERSHIP PAYMENT FORM

Member's Billing Information:			
Name:			
Trust Name/Business:			
For the Benefit of Member's Name:			
Option 1: Check			
Please make checks payable to NWP (Nevada Women's Philanthropy) and in the memo line include "2017 membership payment". Please mail your checks to: Nevada Community Foundation (NCF) Attn: Jane Ramos 410 South Rampart Blvd. Ste. 390, Las Vegas, NV 89145 NCF Phone Number: 702-892-2326 NCF Fax Number: 702-892-8580			
Check Number:			
Check Amount:			
Option 2: Credit Card*			
Credit Card Type:	Visa [<input type="checkbox"/>] MasterCard [<input type="checkbox"/>] AMEX [<input type="checkbox"/>] Discover [<input type="checkbox"/>]		
Credit Card Number:			
Enter CVC Number (Security Code):			
Expiration Date:			
Billing Address:			
City, State, Zip Code:			
Phone Number:			
Email:			
Please select one of the following for Credit Card Payment Options:			
\$500 [<input type="checkbox"/>] monthly	\$1,000 [<input type="checkbox"/>] monthly	\$5,000 [<input type="checkbox"/>]	Other \$_____ [<input type="checkbox"/>]
For a total payment of \$ 5,000.			
Option 3: Wire Instructions			
Receiving Bank: Bank of America ABA #: 026009593 Beneficiary: Greater Kansas City Community Foundation Beneficiary Account: 00-5040-568293 Beneficiary Info: Nevada Women's Philanthropy Charitable Fund 2017 (To avoid delays in processing your membership payment, please include the beneficiary information)			

Authorized Signature: _____

Date: _____

**Disclaimer: You are hereby authorizing NCF on behalf of NWP to charge the above listed credit card at the marked amount until the payment is made in full. A flat 3% fee will apply, per transaction, regardless of credit card used.*

***For more information on NWP Treasury email Treasury at finance@nvwomensphilanthropy.org.*