



Membership Invoice for Check Payments

Please print your name, mailing and email address, phone number and birthday below:

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Birthday (M/D/Y): _____

For women 40 and over: \$500 (may be paid in two installments of: \$300, \$200)
For women 39 and under: \$250 (may be paid in two installments: \$150, \$100)
Lifetime membership option: \$5,000 (may be paid in two installments of \$2,500, \$2,500)

Are you interested in serving on a Women's Giving Circle committee?

If YES, please indicate below:

_____ **Education Committee**

_____ **Grants Committee**

_____ **Events Committee**

_____ **Membership Committee**

Please make checks payable to "Heart of Illinois Community Foundation".

Include "Women's Giving Circle" in the memo line.

Mail this invoice along with your check to:

Heart of Illinois Community Foundation
101 S. Main Street, Suite 400
Decatur, IL 62523

Questions? Please call our office at 217-429-3000