



PIATT COUNTY WOMEN'S GIVING CIRCLE MEMBERSHIP REGISTRATION

MEMBER INFORMATION

Please complete all fields that apply.

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE _____ EMAIL _____

MEMBERSHIP LEVELS

Please select from the following membership options.
Each individual member has one vote.

- SEED (Age 16-25) - \$50
- SPROUT (Age 26-40) - \$250
- BLOOM (Age 41-55) - \$350
- CANOPY (Age 56+) - \$500
- EVERGREEN Lifetime Membership - \$5,000
- Single Annual Payment** Due by June 30th
- Two Payments** Due on June 30th and January 31st

PAYMENT OPTIONS*

Please select from the following payment options.
You may also split your membership into two payments (2).

- CHECK PAYMENT (Send by Mail)
- CREDIT/DEBIT CARD
(Pay online or include card information below)

For online payments, you can go to
bit.ly/PiattRootedRising
or scan the QR code to connect
Select "Rooted & Rising" as the designation.
Please note: Link address is case sensitive



BILLING INFORMATION

Please complete this section if your billing address is different from the information you provided above and/or if you'd prefer to include your credit card information here.

Same address as listed above.

BILLING NAME / NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CARD NUMBER _____ EXP. DATE _____ CVV _____

Please return your completed form by email to kfarrar@heartofillinois.org
Checks may be mailed to: Heart of Illinois Community Foundation, 101 S. Main St., Suite 400, Decatur, IL 62523
QUESTIONS? Call Cristin Wright at 217-402-3707