

**Yes!** I want tojointhe LCCF **Women’s Fund!!!**

**\_\_X\_** I wish to join as a **FRIEND** for a pledge of $500.

\_\_\_ I wish to join at the **SILVER** level for an additional pledge of $500. I am currently a: \_\_FRIEND \_\_FOUNDER

\_\_\_ I wish to join at the **GOLD** level for an additional pledge of $500. I am currently a: \_\_SILVER FRIEND \_\_SILVER FOUNDER

This pledge is in (please circle) **Memory** or **Honor** of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) I would like to pay by check made out to *LCCF Women’s Fund* ( ) I will pay online at: **www.lapeercountycf.org**

( ) I would like to make a payment of $\_\_\_\_\_\_\_\_ through my credit card ( ) MasterCard ( ) Visa ( ) American Express

#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Women’s Fund is a charitable fund held and administered by the Lapeer County Community Foundation.*

***235 W. Nepessing Street, Lapeer, MI 48446 - 810-664-0691 -***

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