Sponsor a Member Form

Please mail this form, along with your check or credit card information, to: WRWF, P.O. Box 3686, Ketchum, ID 83340. For multiple sponsorships, complete one form per member.

Your Name: ____________________________________________________________

Your Mailing Address: __________________________________________________________________

Your Phone: _____________________  Your E-mail: _____________________________

I would like to sponsor a:

☐ New Member  ☐ Returning Member  ☐ Future Forward Member (age 50 or younger)

Sponsored Member’s Name: _________________________________________________

Mailing Address: __________________________________________________________________

Phone: ___________________________  E-mail: ________________________________

New & Returning Member Donation: $1,100

$100 dollars of your membership donation helps to defray administrative costs and $1000 will go to Idaho Nonprofits.

Please choose how you would like to allocate your $1,000:

☐ Option A: For maximum impact, please allocate my entire $1,000 donation to the Wood River Women’s Foundation Pooled Fund

☐ Option B: Please allocate $_____ (an amount up to $300) to the following Idaho Nonprofit:

Organization: ____________________________________________________________

Address: __________________________________________________________________

Telephone: __________________________________________________________________
Future Forward Member Donation: $600
$100 dollars of your membership donation helps to defray administrative costs and $500 will go to Idaho Nonprofits.

☐ I would like to make an additional donation to:
WRWF administrative expenses: $_______
WRWF Pooled Fund: $_______

Would you like to pay with a check or credit card?
☐ Enclosed is my check for $_______ payable to “Wood River Women’s Foundation.”
☐ Charge my Visa or Mastercard for $____________
   *A 3% Credit Card Processing Fee Will Be Added To Your Total*
Name: __________________________________________________________________
Acct. No.: __________________________________________________________________
Exp. Date: _______________ Code: _______________
Signature: __________________________________________________________________
Billing Address: __________________________________________________________________
City: _______________ State: _______________ Zip: __________

Total Enclosed: $ _____________ (include any additional donations)

Thank you for sponsoring a WRWF member!

Grants from the WRWF Pooled Fund will be made on an annual basis consistent with our grants cycle.
Grants from the WRWF Members’ Fund will be made on a quarterly basis.

P.O. Box 3686, Ketchum, ID, 83340 Phone: 208.309.2530 Email: wrwcf1@gmail.com