



Women's Fund of Vanderburgh County

2026 MEMBERSHIP FORM

Updated November 2025

Name: _____

E-mail: _____ Phone/Mobile: _____

Address: _____

City/State/Zip Code: _____

VOLUNTEER OPPORTUNITIES - Please consider me for participation in the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Advisory Board | <input type="checkbox"/> Grants Committee | <input type="checkbox"/> Annual Meeting Committee |
| <input type="checkbox"/> Marketing Committee | <input type="checkbox"/> Solicitation Committee | <input type="checkbox"/> Membership Development Committee |
| <input type="checkbox"/> I am willing to be profiled on a future Women's Fund social media post. | | |

FULL MEMBERSHIP OPTIONS:

- ☐ Enclosed is \$1,000 for my 2026 Membership
(Please make checks payable to Vanderburgh Community Foundation, include "Women's Fund of Vanderburgh Co." in the memo)
- ☐ I will submit my 2026 Membership payment online at: <http://bit.ly/womensfundofvanderburgh>

GROUP MEMBERSHIP OPTIONS:

- ☐ Enclosed is my portion of a 2026 Group Membership: 2/\$500; 3/\$333.33; 4/\$250; 5/\$200; 10/\$100
- ☐ I will submit my 2026 Membership payment online. Please include group name/leader in the Notes:
<http://bit.ly/womensfundofvanderburgh>

- ☐ My group leader/name is: _____

I am in a Group Membership with the following individuals:

PAYMENT OPTIONS:

- ☐ Enclosed is my 2026 Membership.
- ☐ I will send in my 2026 Membership by June 30, 2026.

Return this form to:

Women's Fund of Vanderburgh County

PO Box 657 | Evansville, IN 47704

Questions? Please contact Sarah Wagner, Regional Director of Development

812.422.1245 | swagner@communityfoundationalliance.org

