



It is my intent to contribute at least \$300 for the Women's Legacy Fund of the **Montgomery County Community Foundation**. I understand that \$100 will go to the Women's Legacy Endowed Fund to assure long term funding to organizations that support the needs of women and children, while the remaining \$200 balance will be used annually to improve the lives of women and their children in Montgomery County. This donation covers membership from January 1, 2018 to December 31, 2018. OR It is my intention to join the Women's Legacy Fund at the \$150 per year level (a privilege that may be invoked for only three years, after which members are expected to donate the full \$300 each year). I understand that \$50 will go to the Women's Legacy Endowed Fund to assure long term funding to organizations that support the needs of women and children, while the remaining \$100 will be used *annually* to improve the lives of women and their children in Montgomery County. This donation covers membership from January 1, 2018 to December 31, 2018. My total pledge to the Women's Legacy Fund for 2018 is ______. ____I give my permission for the Montgomery County Community Foundation to publicize my commitment in MCCF publications such as the Annual Report. Printed Name (as you would like it to be acknowledged) Address _____ City/State/Zip_____ Telephone ______Email_____

Please send to Montgomery County Community Foundation P. O. Box 334

Crawfordsville, Indiana 47933