



MEMBERSHIP FORM

Name: _____ (As you prefer to be listed)

Local Address _____ Florida Residency: _____

_____ Full-Time

City, State, Zip _____ Part-Time

Community or Subdivision _____

Email _____ Local Phone _____ Cell Phone _____

MEMBERSHIP CONTRIBUTION (Check all that apply)

_____ I wish to be an annual Voting Member for \$1,100 (\$1,000 grant/\$100 administration) \$ _____

_____ I wish to make an additional donation \$ _____

_____ Total Donation Amount \$ _____

PAYMENT OPTIONS: to make my non-refundable contribution to Treasure Coast Giving Circle:

_____ Check for the total donation amount above made payable to The Community Foundation.

_____ Credit Card payment for the total donation amount above, plus 3% transaction processing fee.

<http://www.linkforpaymentgoeshere.com>

_____ My company processes Matching or Corporate Gifts. Please send me information.

_____ PARTICIPATION: as a Voting Member, I would like to volunteer to be actively involved on the Grant Selection Committee.

RECOGNITION:

I grant Treasure Coast Giving Circle permission to publish my name and photo in the listing of members contained on our web page as well as in other promotional materials.

Signature: _____

Date: _____

**THE COMMUNITY
FOUNDATION**
MARTIN | ST. LUCIE

Please return to the Community Foundation Martin/St Lucie, c/o Treasure Coast Giving Circle.
851 SE Monterey Commons Blvd., Stuart, FL 34996