



MEMBERSHIP FORM

Yes! I want to be a member of the Spirit of St. Louis Women's Fund. I understand the membership contribution is \$1,200 a year for five years.

Name (as it should appear in membership lists)

Address including City/State/Zip

Preferred Phone/Type

Alternate Phone/Type

Email Address

Select an option for making your gift

Option #1 – Pay by Check or ACH Draft (Make check payable to: Greater Saint Louis Community Foundation/SOS)

- A check for \$1,200 is enclosed (preferred payment amount)
- A check for \$600 is enclosed. I will send a second payment of \$600 within 6 months.
- For monthly payments, see attached ACH Draft Form

Option #2 – Pay through my Donor Advised Fund at the Greater Saint Louis Community Foundation

- Please process a \$1,200 transfer from the _____ Fund to the SPIRIT Fund.

Signature _____ Call me with information about a Donor Advised Fund

Option #3– Pay by Credit Card: Visa, Mastercard or American Express accepted

- Please charge my credit card in the amount of \$1,236 (preferred payment amount) includes 3% credit card processing fee.
- Please charge my credit card in the amount of \$618.00. I will send a second payment of \$600 within 6 months.

Account No: _____ Expiration date: ____/____/____

Name (if different from above): _____ Security code from back of card _____

Signature: _____

Option #4 – Additional Options

- I would like to make a gift of stock. Please contact me.
- I would like to recommend a grant through my donor advised fund held by _____
- My employer offers a matching gift program.

How I heard about SOS: _____

Tell me more about participating with the checked committee(s):

- Communications Education Finance Grant-making Impact
- Membership Website

Return the completed form, along with a check (if applicable) to:

Greater Saint Louis Community Foundation/SOS, 319 N. 4th Street, Suite 300, St. Louis, MO 63102

Automate your support for
less than the cost of a stamp

Authorization Agreement for Automatic Debits (ACH)

I authorize the Spirit of St. Louis Women's Fund (Greater Saint Louis Community Foundation) to initiate debit entries to my bank account (indicated below) for any existing or new pledge and/or until such time as I provide 30 days written notice to the Spirit of St. Louis Women's Fund (Greater Saint Louis Community Foundation) otherwise. For monthly debits I understand that I will be provided the opportunity to make changes each November for the following calendar year.

I also authorize the Spirit of St. Louis Women's Fund (GSLCF) to initiate, if ever necessary, credit entries and adjustments for any debit entries in error to the same bank account.

The bank named below may debit and/or credit the same account in the amount of:

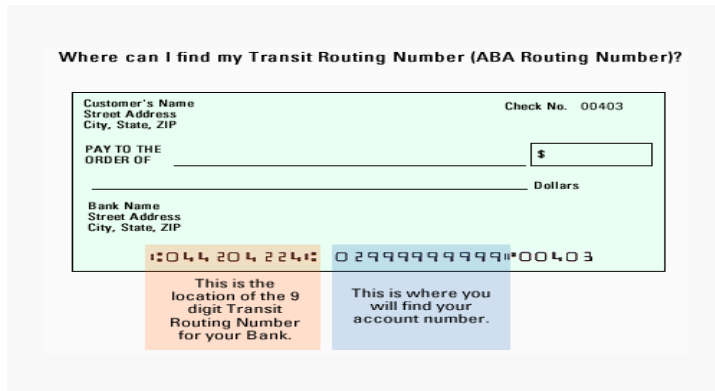
- \$100.35 (.35 for the processing fee) on or about the 1st of each month
OR
- \$1,200.35 (.35 for the processing fee) each year on or about the 1st of the same month in which the ACH was first billed

Bank _____

City _____ State _____ Zip _____

Routing Number: _____

Account Number: _____



Checking OR Savings

Print Name _____ Signature _____

Date _____ Email _____

Address _____ City _____ State _____ Zip _____

Please print, sign, and then fax, mail or scan and email this form to:
Wendy Witte, Greater Saint Louis Community Foundation, 319 N 4th St # 300, St Louis, MO 63102
FAX: 314-588-8088 EMAIL: WWitte@STLGIVES.ORG Questions: Wendy, 314-880-4962