

Yes! I want to be a part of the GIVE 365 Team.

Sign me up!

| Name | |
|---|---|
| Address | |
| E-mail | Phone |
| I wish to make a gift | |
| | ll membership payment of \$365.00 d through June 30, 2024 |
| An annual member To be paid in full be | pership, paid in quarterly installments of \$95 (total amount \$380) y June 30, 2024 |
| □ One time, lifetime | e membership payment of \$3,650.00 |
| | able to: Wayne County Community Foundation; memo line: GIVE 365 |
| | e charge my gift to my: 🗆 Visa 🗆 MasterCard 🗅 Discover 🗀 American Express |
| | on card |
| | |
| □ I wish to remain and | nymous |
| I nominate the followir (please list names & add | ig individual(s) who may be interested in participating in the GIVE 365 Program resses): |
| | |
| | |



Mail completed form to
Wayne County Community Foundation, 517 N. Market Street, Wooster, Ohio 44691
Or visit us online at www.WayneCountyCommunityFoundation.org