



# HTH Membership Application 2009-2010

**Individual Voting Membership: \$500 Contribution**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please rank the committees you are willing to serve on, in order of preference (1st choice, 2nd choice etc.). You will only be assigned to one committee.

- Guiding Circle (Individual Members only)
- Grants Sub-circle
- Communications Sub-circle
- Program Sub-circle
- I do not wish to serve on a committee.

**Joint Membership: \$500 Contribution.** 2-5 women split a membership and share a single vote. Please enter the main contact person below and additional joint members on the reverse side of this form. Joint members should all be registered on one form and all checks should accompany this form. *For tax purposes, it is recommended that joint members issue individual checks to send with this form. Acknowledgment letters can only be sent to an individual issuing a check. For example: If Jane issues a single check for \$500 (with group members planning to reimburse Jane)...only Jane will receive the tax acknowledgment letter. If everyone issues separate checks, then everyone receives the appropriate tax acknowledgment letter.*

Name of Group (optional): \_\_\_\_\_

Main Contact Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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- Communications Sub-circle
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## MY HTH CONTRIBUTION

Membership Contribution \$ 500

Administrative Fee (per person) \_\_\_\_\_ x \$30 \$ \_\_\_\_\_

**I would also like to support HTH by giving to the following funds:**

Friends of Handbags That Help: \$ \_\_\_\_\_

Handbags That Help Endowment: \$ \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

**Please mail this completed form and your check to:**

Handbags That Help  
c/o The Community Foundation  
101 W. Sandusky St., Suite 207  
Findlay OH 45840

**Questions?**

Please call 419-425-1100 or visit  
[www.community-foundation.com](http://www.community-foundation.com).

*Joint Memberships – please list additional members on the reverse side of this form. —————>*

**Joint Memberships: Please add additional joint members below.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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