



# HTH Membership Application 2018-2019

## Individual Voting Membership: \$500 Contribution

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

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
- Program Sub-circle
- I will serve wherever needed.
- I do not wish to serve on a committee.

I wish to receive all information via e-mail

## 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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## 2018-2019 HTH CONTRIBUTION

Membership Contribution	\$ <u>500</u>
Administrative Fee: \$25 <u>per person</u>	\$ _____
I would also like to support HTH by giving to the following funds:	
Friends of Handbags That Help: <i>Administrative expenses of HTH</i>	\$ _____
Handbags That Help Endowment: <i>Long-term grant support for HTH</i>	\$ _____
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 add additional joint members below.**

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

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

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

Date of Birth: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

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