

MIDDLETOWN COMMUNITY FOUNDATION

Membership Form

Memberships received after June 30<sup>th</sup> will be credited to the following year

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

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Membership Level: \_\_\_\_\_

\_\_\_\_ Business membership

\_\_\_\_ Personal membership

\_\_\_\_  
Name (s) as you wish listed in annual report

*Membership may be in the name of an individual, couple, family or business*

Membership level

- Diamond \$1,000
- Platinum \$500
- Gold \$200
- Silver \$100
- Bronze \$50
- Other \_\_\_\_\_(amount)

Payment method:

- Check enclosed
- A check is being sent under separate cover
- Credit Card
  - MasterCard
  - Visa
    - Card Number \_\_\_\_\_
    - Name on card \_\_\_\_\_
    - Expiration date \_\_\_\_\_
- Please send me an invoice in the amount of \$ \_\_\_\_\_
- Transfer \$ \_\_\_\_\_ from my donor advised fund.  
Donor Advised Fund Name \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your support of Middletown Community Foundation.