



**NEVADA WOMEN'S
PHILANTHROPY**
reinventing community giving

NEVADA WOMEN'S PHILANTHROPY MEMBERSHIP FORM

Please complete and return.

Membership Contribution:

I would like to become a member of NWP by making a tax-deductible contribution of \$5,000.

_____ Enclosed is my donation of \$5,000 for the grant year 20____.
(Please make check payable to Nevada Women's Philanthropy)

_____ Enclosed is my \$1,000 deposit payable towards my membership. I pledge to complete payment by September 15th. Should I elect to set up a payment plan, I will initiate by contacting Laura Trampler, NWP Treasurer, at Laurasmith2001@hotmail.com.

The NWP is a donor advised fund administered through the Nevada Community Foundation. Contributions are fully tax deductible to the extent allowed by law. Tax ID# 88-0241420.

Signature _____ **Date** _____

Member Information:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

NWP protects the privacy of all its members and does not share contact information without consent.

Please note how you would like your donation to be acknowledged for tax purposes _____
(e.g. my name only, my name and partner, my business, or foundation).

NWP urges members to serve on an operating committee. Please signify your interest below, and a committee chair will contact you.

- _____ Grant Screening
- _____ Grant Monitoring
- _____ Membership
- _____ Education/Events
- _____ Outreach
- _____ Marketing/PR

For more information on NWP, please visit our website at www.nvwomensphilanthropy.org

7260 W. Azure Drive, Ste. 140-50, Las Vegas NV 89130
Membership email address: Dduboef@aol.com or Cashmandee@aol.com