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**NEW AND RENEWING MEMBERSHIP COMMITMENT PAYMENT OPTION FORM**

**Payments can be made monthly, quarterly or lump sum. Monthly payments shall be due the first of the month following commitment and made each first of the month thereafter. Quarterly payments are made on January 1, April 1, July 1 and October 1 with the first quarterly payment due no later than the first of the quarter following commitment. We are happy to have you and your commitment.**

**New Member**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: Month & Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Whom may we thank for referring you to WGA?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Renewal**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name to appear in the Annual Report (if different):

If there is any change in your contact information, please provide:

**Membership Dues**

**Annual Contribution $1,000.00**

**Payment Terms** \_\_\_\_\_ Monthly\_\_\_\_\_ Quarterly\_\_\_\_\_ Other (please contact WGA staff or an officer if you have a different request)

**Payment Options *Check***

\_\_\_\_\_\_Enclosed is my check payable to The Community Foundation of South Lake

Amount: $ \_\_\_\_\_\_\_\_\_\_Check No. \_\_\_\_\_\_\_\_\_\_\_

***Credit Card Payment***

**Please Note:** If you are paying with a credit card we would appreciate an additional $30.25 processing fee included with your membership so that the entire $1000 is applied to your membership.

Card type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Name on card (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total to be charged: $1030.25**

**Would you like your credit card to be automatically charged for your payments?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I acknowledge there will be no material benefit to me for these contributions. (Contributions are tax deductible to the fullest extent of the law.)*

**Signature (REQUIRED):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge the payment schedule and commitment to such payments. **Initial (Required):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please turn in form or return to Haleigh Kerns Smith, the Community Foundation of South Lake, 2150 Oakley Seaver Drive, Clermont, FL 34711. Email: kathy@cfslc.org or Questions? Call Kathy Smith at (352) 394-3818.