



NEW AND RENEWING MEMBERSHIP COMMITMENT PAYMENT OPTION FORM

New Member

Name: _____ Date: _____

Address: _____

_____ Birthdate: Month & Day _____

Phone: _____ Email: _____

Whom may we thank for referring you to WGA? _____

Member Renewal Name: _____

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

Membership Dues:

Annual Contribution **\$1,000.00**

Select One:

Mail check to: CFSLC 2150 Oakley Seaver Drive Clermont, FL 34711 Attn: Finance Dept.

Recurring credit card charge set up in Community Foundation donor portal based on selection below.

Payment Terms	Amounts	Total Charged WITH Fees Covered	Total Charged WITHOUT Fees Covered
Monthly	\$83.34		
Fees	\$2.72	\$86.06	\$83.34
Quarterly	\$250.00		
Fees	\$7.55	\$257.55	\$250.00
Yearly	\$1,000.00		
Fees	\$29.30	\$1,029.30	\$1,000.00

Please circle your selected recurring credit card preference on the chart above.

Make Online Donations here: https://cfsf.fcsuite.com/erp/donate/create?funit_id=1100

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 Smith, the Community Foundation of South Lake, 2150 Oakley Seaver Drive, Clermont, FL 34711. Email: kathy@cfsfc.org or Questions? Call Kathy Smith at (352) 394-3818.