

MEMBERSHIP

Please choose the level that works best for you. Consider asking your employer to match your gift, increasing your capacity to join at a higher level.

Partner Level - \$250	Community Builder - \$500 Sponsor of one event	Trail Blazer Level - \$1,000 Series Sponsor
<p>Your name and business name listed with link to your website from the WST section of the MWF website</p> <p>One ticket to a Maine Women's Fund event</p>	<p>Your business name with link to your website in two eVites sent to regional WST members</p> <p>Your business name with link to your website in two electronic newsletters sent statewide to 1,250 recipients</p> <p>Your business name listed with link to your website from the calendar of events and WST sections of the MWF website for two months</p> <p>One, 160 x 240 online ad on the WST section of the website for three months</p> <p>Two tickets to a Maine Women's Fund event</p>	<p>Your logo with link to your website in all eVites sent to regional WST members throughout the series</p> <p>Your logo with link to your website in all electronic newsletters sent statewide to 1,250 recipients throughout the WST series</p> <p>Your logo with link to your website from the calendar of events and WST sections of the MWF website throughout the series</p> <p>One, 160 x 600 online ad on the WST section of the website throughout the series</p> <p>Four tickets to a Maine Women's Fund event</p>



women standing together

Contact Name: _____

Business Name: _____

Address: _____

E-mail: _____

Phone: _____

Website: _____

I want to join Women Standing Together at the following level: ___ \$1000 ___ \$500 ___ \$250

Payment Methods (choose one)

_____ **Pay in Full Now**

_____ Check enclosed (payable to the Maine Women’s Fund).

_____ Credit card info provided below (or go online to www.mainewomensfund.org, click on Donate, and enter “WST” in designation field).

_____ Visa _____ MC _____ AMEX

_____	_____	_____
\$ Amount	Credit Card Number	Expiration Date

_____	_____
Signature	Name on Card

_____ **Pay in Installments**

_____ I will pay via credit card (list details above) and authorize the Maine Women’s Fund to charge my card according to the payment schedule below.

_____ I will pay via direct debit and authorize the Maine Women’s Fund to debit my account (check enclosed) according to the payment schedule below.

\$ Amount	Date
_____	_____
_____	_____
_____	_____
_____	_____