



SISTERHOOD FOR GOOD MEMBERSHIP FORM

K E R R V I L L E

Please print clearly

Name _____ Email _____

Address _____ City _____ State ____ Zip _____

Phone (home) _____ (cell) _____

Occupation (if retired, prior to retirement) _____

I give permission for my name to be acknowledged on the website as a member/contributor.

I give permission for my photo to be used in SFG publicity/social media.

Sisterhood For Good Membership Guidelines

To be a 2019 Member, a membership form must be completed and \$1,000 membership contribution must be paid by February 14, 2019. Group membership contributions of 2-4 women should be submitted together by deadline date (February 14, 2019). Each \$1,000 membership has one nomination and one vote.

SFG **SINGLE** Membership with one nomination & one vote (\$1,000 for a full membership).
Total Amount Paid: \$_____ (Please pay by check or cash)

SFG **GROUP** Membership with one nomination & one vote (\$1,000 for a full membership shared by 2-4 members). Total Amount Paid: \$_____ (Please pay by check or cash)

Name/email/phone of others in your group:

Name	Email	Phone #
------	-------	---------

1.

2.

3.

I would like to add \$50 to my contribution to help with operating costs.

I am interested in sponsoring a *Sisterhood for Good* event.

Signed: _____ Date: _____

Please mail completed form and check payable to:

The Community Foundation, PO Box 291354, Kerrville, TX 78029-1354

Questions? Call Jayne Zirkel at (830)896-8811 or email at jayne@communityfoundation.net

All contributions are non-refundable, non-transferable and tax deductible to the extent allowed by law.

www.communityfoundation.net/SFG

www.facebook.com/sfgkerrville

