## **5224GOOD**

## Membership and Pledge Form

A Learning and Giving		
Circle for	I agree to pay a total of \$ to 5	5224GOOD
Johnson	\$250 Charitable Giving Fund / Men	mbership (Required)
County	□ \$750 Endowment Fund (Recommend	led)
Executive	Other Endowment Fund amount: \$	
Council	This gift:  is enclosed	
Thais Winkleblack	or	
Laura Bergus	☐ will be paid in quarterly installments	of <b>\$</b>
Nancy Collins	I would like to begin payments on: (month/day/year) and request quarterly reminder	
Jean Donham	notices:	
Maggie Elliott		
Mary Jo Langhorne Jan Leff	Signature	Date
Nina Lohman	Name/c	
Janet Peterson	Name/s Please print your name(s) as you wish to be acknowledged	
Denise Rehmke	Street Address	
Anne Vandenberg		
Dawn Wegman	City/State/Zip Code	
Mary Westbrook	TelephoneEmail	
tax-deductible and may qualify for a 25 percent Endow lowa tax credit.	Select Payment Method:  Or a Check (preferred)  Automatic deduction (please complete next section)  Credit card:  Discover  MasterCard  Visa	
	Card NumberEx	piration Date
Please make checks.		
orporate matches,	Name on card	
or other gifts	Signature	
payable to:		
The Community	☐ Automatic Deduction	
Foundation of Johnson County – include	I would like my gift automatically deducted from my checking account. Please include a voided check with your completed form.	
5224Good Fund		
in the memo.  I authorize the Community Foundation of Johnson County to charge my cred.		
Mailing Address: 501 12th Ave, Ste 102	checking account on a recurring basis for the amount stated above.	
Coralville, IA 52241	Authorized Signature	
	Company match	(company/family/foundation).
	Gift will be matched by	(company/family/foundation).
	☐ Form enclosed ☐ Form will be forwarded	