

# 5224GOOD

## New Member Form

*A Learning and  
Giving Circle for  
Johnson County*

### Executive Committee

Anne Vandenberg  
Sheila Boyd  
Ann Donahue  
Jean Donham  
Mary Jo Langhorne  
Cathy Pugh  
Denise Rehmke  
Mary Westbrook  
Thais Winkleblack  
Laurie Zaiger

### Tax Deductible

Gifts are tax-deductible  
and may qualify for a  
25% Endow Iowa tax  
credit.

### Match Opportunity

If your gift will be  
matched by your  
company/family/other,  
please send match  
form to the address  
below.

### Additional Gifts

Please make checks,  
corporate matches, or  
other gifts payable to:

*The Community  
Foundation of  
Johnson County*  
501 12<sup>th</sup> Ave. Suite 102  
Coralville, Iowa 52241

Include "5224GOOD  
Fund" in the memo.

### Pledge

I agree to pay a total of \$ \_\_\_\_\_ to 5224GOOD.

- \$250 Charitable Giving Fund/Membership (required)  
 Endowment Fund Donation \$ \_\_\_\_\_

Please consider contributing any amount to the Endowment Fund. Each year, 5% of the Endowment Fund is added to the amount 5224GOOD grants. A contribution to the Endowment Fund helps 5224GOOD make grants every year.. forever!

### Member Information

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

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

City/State/Zip: \_\_\_\_\_

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

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

- By checking this box you agree to receive text message meeting reminders

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Dues Payment Options

Please indicate which payment method you would like to use below and follow the instructions for that section.

#### Check

Please mail check made payable to *The Community Foundation of Johnson County*, with "5224GOOD Membership" in the memo line, to 501 12<sup>th</sup> Ave. Suite 102, Coralville, Iowa 52241.

#### Credit Card

Please visit [www.cfjc.org/giving/5224good](http://www.cfjc.org/giving/5224good) to make a credit card payment online or call (319) 337-0483.

- Quarterly Installments (Only available via credit card)  
Call (319) 337-0483 to set up quarterly installments.

#### Automatic Deduction from Checking Account

Please fill out the authorization below and include a voided check.

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

*I authorize the Community Foundation of Johnson County to debit my  
checking account on a recurring basis for the amount stated above.*

Authorized Signature: \_\_\_\_\_