## **Women's Giving Circle**

JOIN AS A TEAM			
TEAM MEMBER 1 – ADMINISTRATOR			
FIRST NAME	LAST NAME		
EMAIL	PHONE NUM	PHONE NUMBER	
ADDRESS			
Street			
City	State	Zip Code	
DATE OF BIRTH (Next Gen Only)			
TEAM MEMBER 2			
FIRST NAME	LAST NAME		
EMAIL	PHONE NUM	PHONE NUMBER	
ADDRESS	· · · · · · · · · · · · · · · · · · ·		
Street			
City	State	Zip Code	
DATE OF BIRTH (Next Gen Only)			



## **OPTIONAL**

## BECOME A MENTOR **MENTEE** FIRST NAME LAST NAME **EMAIL** PHONE NUMBER **ADDRESS** Street City Zip Code State GIVING LEVEL ☐ Standard (\$350) ☐ Next Generation (\$100) ☐ Standard Quarterly (\$87.50) ☐ Next Generation Quarterly (\$25) ☐ Become a Mentor – Additional \$100 Signature (Team Administrator) Date

## PLEASE MAKE CHECK PAYABLE TO:

Mankato Area Foundation 212 E Walnut Street, Suite 1 Mankato, MN 56001 [P] 507.389.4583 [F] 507.389.4581

