

Application and Information Request Form

Get the Spirit...Join Now!

SPIRIT OF ST. LOUIS WOMEN'S FUND

Yes, I am interested in receiving more information about the Spirit of St. Louis Women's Fund. Please contact me.

Yes, I want to be a member of the Spirit of St. Louis Women's Fund. I understand the membership contribution is \$1,200 a year for five years.

Name _____
(as it should appear in listings)

Address _____

City _____ State _____ Zip _____

Phone (____) _____ **Email** _____

I am interested in:

Education/ Events Committee

Grants Committee

Marketing/PR Committee

Membership Committee

Hosting a membership event

My check in the amount of \$1,200 is enclosed, made payable to:

St. Louis Community Foundation, Inc. /SOS

I will pay via check in two annual installments of \$600. The first installment is enclosed made payable to St. Louis Community Foundation, Inc. /SOS. The second installment is due on or before December 31.

OR

Please charge \$1,200 to:

MasterCard Visa American Express

Account No. _____ Exp Date _____

Print Name on Card _____

Signature _____

Please send this form to:

Greater St. Louis Community Foundation/SOS

319 N. 4th Street, Suite 300

St. Louis, MO 63102