



WOMEN OF VISION BENEFACTOR MEMBERSHIP APPLICATION

Thank you for your interest in joining Women of Vision. Our Benefactors are a powerful community of women committed to scholarships, mentorship, and leadership development for Flagler College students. We are honored you are considering investing in the future with us.

Basic Information

Full Name: _____

Mailing Address: _____

City/State/Zip: _____

Primary Phone Number: _____

Email Address: _____

Date of Birth: _____

Are you a Flagler College alumna? Yes No If yes, Class Year: _____

Occupation or Professional Background: _____

Spouse / Partner Information (Optional)

Name: _____

Occupation: _____

Primary Phone Number: _____

Email Address: _____

Interested in joining LEAD Fund Membership? Yes No

Flagler College Alum? Yes No If yes, Class Year: _____

Philanthropy & Volunteer Experience

Please describe any prior nonprofit, volunteer, or board experience:

Mission Alignment

What inspired you to join Women of Vision?

Skills & Strengths You Can Bring to Women of Vision

- Leadership
 - Event Planning
 - Mentorship
 - Fundraising
 - Programming / Keynote Speaker
 - Marketing / Communications
 - Other: _____
-

Committee Interest

Would you like to join a committee? Yes Not at this time

If yes, which committees interest you? (Check all that apply)

- Membership
- Philanthropy
- Mentorship
- Communications & Marketing
- Magic at Markland
- Power of the Purse

Leadership Interest

Would you like to learn more about serving on the Women of Vision Advisory Board?

Yes Maybe in the future Not at this time

Volunteer Interest

How many hours annually are you available to volunteer?

0 – 9 10-29 30-49 50+

Membership Dues: Pledge Commitment

Women of Vision (WOV) Benefactor Dues are a pledge of \$1,000 per year for three (3) years. Upon one (1) year of membership, Benefactors are eligible for nomination to the WOV Advisory Board. By signing below, I acknowledge my commitment to contribute a total of \$3,000 in Women of Vision membership dues according to the selected payment option.

Preferred payment schedule:

- Thirty-six (36) monthly payments of \$84
- Three annual payments of \$1,000
- One-time payment of \$3,000

Preferred fulfillment method:

- Invoice / Check payment
- Online Credit Card payment
- Transfer of Marketable Securities

Name of Stock: _____

I acknowledge that I have received, reviewed, and agree to abide by the Women of Vision organizational documents.

Signature: _____ Date: _____