



**The Women's Foundation of Colorado**

Women Thriving. Colorado Rising.

**Empowerment Council Membership**

**Are you an emerging philanthropist?** Join The Women's Foundation of Colorado's Empowerment Council (EC). The Empowerment Council is a philanthropic community that generates a sustainable revenue stream for The Foundation to build opportunities and dismantle barriers to advance women's economic self-sufficiency. Being a part of this unique group allows members an opportunity to meet other generous, committed, and like-minded young philanthropists. Council members make a one-year minimum gift of \$500 or more, paid on a schedule that is convenient for you.

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

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

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

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

Home Business Cell (Circle One)

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

Company/Industry/Interests (this helps us connect you with other members):  
\_\_\_\_\_

**YES! I want to join the Empowerment Council.**

**New Membership**

**Renewal**

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

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

**Please select one of the following payment methods:**

**Recurring credit card payment:** (Credit card will be automatically charged)

Annually /  quarterly /  monthly in the amount of: \$ \_\_\_\_\_

(Examples: \$500 annually, \$600/\$150 quarterly, \$720/\$60 monthly, etc.)

Name (as it reads on the card): \_\_\_\_\_

Is this a company card? If so, company name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Type:  Visa /  MC /  Amex /  Discover

**Benefits of Membership**

- Bi-monthly meetings to connect with other members of the Council
- Access to tailored educational, leadership, and professional development events
- Networking with business women and men at the forefront of our philanthropic community
- Engaging with Foundation and community leaders
- Regular communications about The Foundation's investments in the community, progress made toward the mission, and upcoming events
- Opportunities to hold leadership roles on the Council

**OR**

**Please bill me:**  Annually /  quarterly /  monthly in the amount of: \$ \_\_\_\_\_

(Examples: \$500 annually, \$600/\$150 quarterly, \$720/\$60 monthly, etc.)

**My company will match my donation.**

**Please return to:**

The Women's Foundation of Colorado

The Chambers Center for the Advancement of Women | 1901 E. Asbury Ave., Denver, CO 80208  
Kristina Vaio, Development Officer & Events Manager | kristinav@wfco.org | Phone: 303-285-2967