



## SUSTAINING DONOR COMMITMENT FORM

### As a SUSTAINING DONOR of Women Who Wine of the Flathead (WWWF), I agree to:

**ATTENDANCE.** I will attend at least once a month for as many months as possible each year. We meet the first Tuesday (Kalispell) of each month and third Tuesday (Bigfork) of January-June, September and November beginning at 5:30pm.

**FINANCIAL COMMITMENT.** I will donate \$30 to the WWWF Charitable Fund of the Flathead Community Foundation (FCF) and bring a delicious bottle of wine every month for the entire year. I will do this whether or not I can attend the monthly meeting so that together we can raise \$1,000 or more each month for a different nonprofit. Note: Sustaining members contribute \$30/month to WWWF whether they attend one or two meetings a month. However, we do ask you to bring a bottle of wine to each meeting.

### As a SUSTAINING DONOR of WWWF, I will also assist with some of the following:

**HOSTING.** I am willing to host a meeting. As hostess, I will complete the hosting application, choose the featured nonprofit and invite a representative of the nonprofit to speak. I will provide the meeting location and hors d'oeuvres and I will pick up the hostess kit from the designated location in my town. (See **Hosting a Meeting Checklist** for details).

I am interested in hosting a meeting this year (circle one)    YES                      NO

**ADVISORY COMMITTEE.** I will consider serving on the Advisory Committee to help make decisions governing WWWF.

I am interested in serving on the Advisory Committee (circle one)    YES                      NO

If so, what strengths would you bring to the committee? \_\_\_\_\_

**GIVING BANQUET COMMITTEE.** I will help with the annual Giving Banquet as I am able. Ways to help include: selling tickets to the event, procuring sponsorships, procuring and/or donating live or silent auctions items, set-up and check-in at the event.

I am interested in serving on the Banquet Committee (circle one)    YES                      NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please return by mail to: Flathead Community Foundation, PO Box 1422, Kalispell, MT 59903  
or by email to [info@flatheadcommunityfoundation.org](mailto:info@flatheadcommunityfoundation.org)