



SIGN UP TO BECOME A MEMBER OF THE L-FUND!

It's easy! Anyone can join who is committed to the L-FUND Mission





The mission of the L-FUND is to provide financial resources to lesbians in crisis, to empower lesbians through education and to celebrate lesbians in community.

Annual membership dues are \$100. The L-FUND is a 501(c)(3) charitable organization. Just complete and submit this form with your check or credit card information made out to the L-FUND

Mail directly to: P.O. Box 2561, Palm Springs, CA 92263 or e-mail form to info@l-fund.org

NOTE: The 2018 inaugural memberships are grandmothed in through **December 31, 2019**

L-FUND Membership Benefits:

-  Discount for ticket to Gala Program on January 25, 2020
-  Name Listed in the Gala Program on January 25, 2020
-  Name Listed on Website as Member
-  Annual Members' Party

- YES! I WANT TO BECOME A MEMBER (\$100 annual, \$200 per couple)
- YES! I WILL BECOME AN AMBASSADOR TO THE COMMUNITY ON BEHALF OF THE L-FUND
- YES! I WANT TO BE CONTACTED TO VOLUNTEER FOR SPECIAL L-FUND PROJECTS

Print Name	Signature
Member Partner/Spouse Name	Signature
Address	State Zip Code
e-mail cell	e-mail cell

If including payment for partner/spouse please include both names and information.
 If you would like further information on Membership please call 760.304.8487 Or email info@l-fund.org

Any listed additional donation beyond membership fee can be made as a One Time Donation, Monthly or Yearly as below

	\$100	\$250	\$500	\$750	\$1000	\$2000	Other
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Time Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This section below is completed by the applicant and is for payment to the L-FUND

MasterCard Visa Amount _____
 Card Number _____ Security Code _____ Expiration Date _____
 Name on Card _____
 Billing Address _____