



APPLICATION FORM

We are thrilled you are interested in 50+ Men Who Care! To join this exciting group, please fill out this application form and bring it to the next meeting or email it to 50menwhocare@gmail.com.

Name _____

Street Address _____

City, State & Zip _____

Home Phone _____ Office Phone _____ Cell Phone _____

Email _____

I understand that by joining 50+ Men Who Care I am making a commitment to contribute donations in the following annual amounts:

- \$350 for those 18 to 35 years of age (Junior Members)
- \$600 for those 36+ years of age (Senior Members)

The annual donations include:

1. A \$50/\$100, respectively, annual commitment fee to the Community Foundation of Bloomington and Monroe County (CFBMC) to continue an unrestricted 50+ MWC Endowment Fund.

Plus

2. Quarterly contributions of \$75/\$125, respectively, to the highest vote receiving non-profit serving Bloomington and Monroe County.

By signing below, I agree to honor my commitment even if I am not fond of the charity chosen or present for the quarterly meeting. If I am unable to attend a quarterly meeting, I will ensure my check/payment is delivered by another member on my behalf.

X

Signature

Date

P.S. – You may bring your annual commitment check to your next attended quarterly meeting or directly to the **50+ Men Who Care Fund** via the CFBMC's Donation webpage found [here](#).