

# Membership Invitation

**Yes! My foundation would like to become a member of the Family Foundation Alliance.**

ROLE:  Board Member  Family Member  Full-time Executive Director  OCCF Fund Advisor

FOUNDATION NAME

CONTACT NAME

ADDRESS CITY STATE ZIP

PHONE EMAIL

ADDITIONAL CONTACT NAME (OPTIONAL) ROLE

ADDRESS CITY STATE ZIP

PHONE EMAIL

## 2023 MEMBERSHIP FEE

- \$500 Full Membership
- \$250 First-year Discounted Membership (offered as an option for new members, if desired)
- I am interested in information on becoming a Family Foundation Alliance sponsor.

## PAYMENT OPTIONS

- Check:** Please make payable to Orange County Community Foundation and indicate "FFA" in the memo line. Mail checks to: 19200 Von Karman Ave., Suite 700, Irvine, CA 92612
- Credit Card:** Visit [oc-cf.org/donate](http://oc-cf.org/donate) to make a credit card payment. Select "Family Foundation Alliance" from the drop-down menu. Please note "membership contribution" in the comments section.
- Donor Advised Fund:** You can contribute through a donor-advised fund, if applicable.

Please return completed form via **email** to [lwilterink@oc-cf.org](mailto:lwilterink@oc-cf.org) or U.S. **mail** to:  
Orange County Community Foundation; Attn: Lisa Wilterink; 19200 Von Karman Ave., Suite 700, Irvine, CA 92612

