



Masala Giving Circle

Date _____

Name _____

Address _____

City, State, Zip _____

Cell Phone Number _____ Email Address _____

Referred by: _____

Committee Interest(s)

Grants _____ Membership _____ Communications _____ Finance _____ Programs _____

- **Administrative Fee:** \$50.00 Yearly (due upon joining Masala and by 10/01 each subsequent year)
- **Payment Instructions (You may Zelle or Mail)**
- **If you Zelle,** please email this application to: **kathypinkett@gmail.com**

If you Mail: Send completed application with your \$50.00 administrative fee

Mail: Masala Giving Circle P.O. Box 50002 Sarasota, FL 34232	Zelle: Send to: masalagc2024@gmail.com
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Masala Giving Circle contribution: Minimum \$300.00 Yearly (due to CFSC by 10/01) **Payment Instructions**

Online (**preferred**): Visit the Community Foundation of Sarasota County on-line payment website.

Website: <https://www.cfsarasota.org/donors/support-our-community>

Select *Masala Giving Circle* from the Funds list and click *DONATE*. **OR**

By check: Make your contribution payable to the Community Foundation of Sarasota. On the memo line please write Masala Giving Circle. Mail to: The Community Foundation of Sarasota County,,2635 Fruitville Road , Sarasota, FL 34237

Contributions are fully tax deductible to the extent of the law.

www.masalagivingcircle.org

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