

2010-2011 Donation Form



Yes! I want to become an agent of change.
Please accept my gift to the Women's Fund
of Mississippi.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____

WE DO NOT SHARE YOUR PRIVATE INFORMATION.

Enclosed is my check payable to Women's Fund of Mississippi.

Please charge my gift to:

Visa American Express MasterCard

Name (on card): _____

Credit Card #: _____

Security Code*: _____ Exp. Date: _____

Signature: _____

* YOUR CREDIT CARD CANNOT BE PROCESSED WITHOUT THE 3-DIGIT NUMBER SECURITY CODE ON BACK OF CARD (OR 4-DIGIT NUMBER ON FRONT OF AMEX CARD).

I am making this gift in:

memory honor of _____

Address of honoree: _____

IF YOU COMPLETE THIS ADDRESS, WE WILL SEND YOUR HONOREE A LETTER ADVISING HER/HIM OF YOUR GENEROSITY. THE AMOUNT OF YOUR GIFT IS NOT SPECIFIED.

I wish to remain anonymous.

\$100

(MINIMUM MEMBERSHIP LEVEL)

\$250

\$500

\$1000

Other \$ _____

I would like to pledge

\$ _____ in 2010.

Please make all checks to:

Women's Fund of Mississippi
120 N. Congress Street, Suite 903
Jackson, MS 39201