



\$8.33/month = \$100/year

We now accept direct deposit!!!

2010-2011 Membership Form

See back of this form for instructions.

Name: _____

✓ I want to support the work of the Women's Fund by

- joining
renewing my membership

- \$10,000 or above
\$5,000 to \$9,999
\$2,500-4,999
\$1,000-2,499
\$500-999
\$200-499
\$100

I would like to receive email updates about the Women's Fund. My email address is
Due to the cost of mailing, please know that email is our primary way of communicating with you about upcoming membership events.

My check for \$_____ is enclosed.

Please charge my gift to (circle): 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).

My gift is in honor of/in memory of _____ (name)
Please notify _____

Please do not publish my/our name(s).

Please make all checks to:
Women's Fund of Mississippi
120 N. Congress Street, Suite 903
Jackson, MS 39201

women's
FUND
OF MISSISSIPPI

120 NORTH CONGRESS STREET, SUITE 903, JACKSON, MISSISSIPPI 39201
TEL: 601 326-0700 FAX: 601 326-0702 WEB: WOMENSFUNDMMS.ORG

Agreement for Preauthorized Payments

I (we) hereby authorize The women's Fund of Mississippi., tax ID #26-4419982, hereafter called "the Fund," to initiate debit entries to my (our) checking account indicated below and the depository (bank) named below, hereafter called "Depository," to debit the same such amount.

Depository name: _____

Account Number: _____ Transit/ABA No.: _____
(This is a nine-digit number which may be found at the bottom of your check, usually on the left side.)

This authority is to remain in full force and effect until the Foundation and Depository have received written notification from me (either of us) of its termination in such time and in such manner as to afford the Fund and Depository a reasonable opportunity to act on it.

Name(s) on account: _____

Signed Date

Signed Date

Name(s) as I(we) wish them to be listed in donor lists: _____

The Amount to be debited from the above-referenced account is as follows (please check one):

<u>Selection</u>	<u>Amount of gift</u>	<u>Withdrawal/month</u>
()	\$100/year	\$8.33
()	\$120/year	\$10
()	\$150/year	\$12.50
()	\$200/year	\$16.67
()	\$250/year	\$20.83
()	\$300/year	\$25
()	\$360/year	\$30
()	\$500/year	\$41.67
()	\$750/year	\$62.50
()	\$1,000/year	\$83.33
()	\$1,200/year	\$100
()	\$1,500/year	\$125
()	\$2,000/year	\$166.67
()	\$2,500/year	\$208.33

Please make the withdrawal from my account during the first week third week of each month.

PLEASE STAPLE VOIDED CHECK TO THIS FORM

THANK YOU FOR YOUR SUPPORT OF THE WOMEN'S FUND OF MISSISSIPPI!