

Thank you for helping us create a world that is just and fair.



**1 Contact Information**

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FIRST NAME	MI	LAST NAME	Name as you would like it to appear in our publications
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BUSINESS/ORGANIZATION NAME (if applicable)

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MAILING ADDRESS	CITY/STATE	ZIP
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EMAIL ADDRESS  Please check here if you prefer **not** to receive our e-newsletter.      PHONE

**2 Type of Gift** Contributions are tax deductible to the maximum extent allowed by law.

- I would like to make a **one-time gift** of  \$1,000  \$500  \$250  \$100  \$\_\_\_\_\_.
- I would like to make a **recurring gift** of  \$100  \$50  \$25  \$10  \$\_\_\_\_\_ **per month**.
- I **pledge** \$\_\_\_\_\_ to be paid in  monthly or  yearly installments of \$\_\_\_\_\_.
- I would like my gift to be anonymous.

**3 Gift Designation** Learn more at [womensfundmke.org](http://womensfundmke.org)

*The Women's Fund retains a small percentage of restricted gifts.*

Please apply my pledge/gift to:

- Women's Fund of Greater Milwaukee** *Supporting women-led solutions that result in sustainable and long-lasting change for our community through our Grantmaking and Capacity Building Programs.*

I would also like to make a contribution to:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>African American Women's Fund Project</b> | <input type="checkbox"/> <b>Her Scholarship</b>                          |
| <input type="checkbox"/> <b>Girls Leading Change</b>                  | <input type="checkbox"/> <b>Reproductive Justice Project</b>             |
| <input type="checkbox"/> <b>Latinas en Acción</b>                     | <input type="checkbox"/> <b>Viv Ncaus: A Hmong Women's Giving Circle</b> |
| <input type="checkbox"/> <b>Lesbian Fund</b>                          |  |

**4 Payment Information**

- Enclosed is my check made payable to the **Women's Fund of Greater Milwaukee**.
- Please charge this gift to my credit/debit card:  Visa  MasterCard  AmEx  Discover

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NAME AS IT APPEARS ON CARD	SIGNATURE
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CARD NUMBER	EXPIRATION DATE
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**5 Tribute Information**

My gift is in  **honor** -OR-  **memory** of: \_\_\_\_\_

Please notify:

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NAME

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ADDRESS	CITY/STATE	ZIP
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**Optional** Demographic information is being collected confidentially to track our success in reaching a diverse base of support.

- African/African American  Arab  Asian/Pacific Islander  Latina/o  Native/Indian  Multi-Racial
- White/European  Other \_\_\_\_\_