

Give the Gift of Hope Today!

I would like to start my pledge of \$1,000 to join the Women's Fund Dream Team

I would like to make a one-time gift to the Women's Fund in the amount of \$_____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

CC Type: Visa MC Amex Discover

Check Enclosed (payable: Women's Fund)

CC#: _____

Exp: _____

CVV: _____

Frequency:

One-time

Quarterly

\$16.66/Month

Other: _____

Payment Amount: \$ _____

Signature: _____

Please mail completed form to:

Women's Fund

The Foundation For Enhancing Communities

PO Box 678

Harrisburg, PA 17108-0678