

WOMEN'S fund

for the fox valley region, inc.

Invest in Her

Mail-In Donation Form

Name _____

Address _____

City, State, ZIP _____

E-mail Address _____

We Will not share your e-mail address

Phone _____

Enclosed is my check for \$_____ (Make checks payable to Women's Fund FVR)

Please charge my gift of \$_____ to the credit card selected below.

Visa

MasterCard

American Express

Discover

Account Number _____

Expiration Date _____ Card Security Code _____

Name as it appears on card _____

Signature *(required)* _____

I want to join the CREW (Constant Resources for Every Woman) and sign up to give monthly. This select group of supporters provides the constant resources the Women's Fund needs to continue its important work. Please charge my credit card each month in the amount of \$_____. I have provided my credit card information above.

I would like more information about the WillPower Planned Giving program. This program is designed for supporters who are committed to leaving a legacy of gender equality by including the Women's Fund for the Fox Valley Region in their estate plans.



Please mail this form, along with your donation, to:

Women's Fund for the Fox Valley Region
4455 W Lawrence St.
Appleton, WI 54914

THANK YOU!

Your gift will make a difference in the lives of women and girls in the Fox Valley. We are grateful for your support.