



Business and Professional Women's Foundation

DONATION FORM

My Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Day \_\_\_\_\_ Evening \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ One Time Donation \_\_\_ Reoccurring pledge

How much would you like to donate?

\_\_\_ \$50 \_\_\_ \$100 \_\_\_ \$250 \_\_\_ \$500 \_\_\_ \$1000 \_\_\_ \$2500 \_\_\_ \$5000 \$ \_\_\_ Other

Donor Designation

- No Restriction
Successful Workplaces Project
Women Vet Project

Method of Payment \_\_\_ Check \_\_\_ Credit Card (\_\_\_ MasterCard \_\_\_ Visa)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Billing Address (if different than above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tributes (\$50 minimum donation / please complete all that apply)

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

From (if different than above): \_\_\_\_\_

Please notify the individual or family indicated below that a gift was made in honor/memory (requires a minimum \$25 gift)

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please Return To:

BPW Foundation
c/o Wellsfargo Bank
P.O. Box 759189
Baltimore, MD 21275-9189

Make Checks Payable to:
BPW Foundation

Contact

Phone: 202-293-1100
Fax: 202-861-0298
E-mail: Foundation@bpwfoundation.org
Visit: www.bpwfoundation.org