



DONOR INFORMATION

Name: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone: _____

DONATION DETAILS

\$5000 \$2500 \$1000 Other: _____

\$500 \$250 \$100

My donation is: in honor of _____ in memory of _____

Please send the notification of gift to: _____

Address: _____

City: _____ State: _____ Zip code: _____

Your donation is important to us. We will recognize your gift in our donor listings unless you decline.

I **do not** wish to have my name included in donor listings.

PAYMENT INFORMATION

Check Enclosed

Pledge - please invoice: \$_____ annually _____ quarterly _____ monthly

Beginning _____ (month)

Charge my gift of \$_____ to my VISA MC American Express

Card #: _____ Exp Date: _____

Signature: _____

I have included a gift to The Women's Center in my will or estate plan.

I would like more information on including The Women's Center in my will or estate plan.

Please return form to:

The Women's Center
1723 Hemphill
Fort Worth, TX 76110

Thank you for supporting The Women's Center.

Questions: chuffman@womenscentertc.org or 817/927-4006