

YES! I want to contribute to the Women's Fund of Door County.



Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone # _____

My gift is in memory/honor of: _____

Please send an acknowledgement to:

Name _____

Address _____

City _____ State _____ Zip _____

I/we wish to make a Gift/Pledge of \$ _____

Please bill me Once on _____ Quarterly 3-year pledge

My check is enclosed \$ _____

My employer will match my contribution. Please contact me.

I want to include Women's Fund of Door County in my estate plan.

Founder Gift/Pledge of \$6,000 and above

Forerunner Gift/Pledge of \$3,000 and above

Family Gift/Pledge of \$300 and above

Friend Gift/Pledge of any amount

Please make checks payable to:

Women's Fund of Door County

P.O. Box 802

Sturgeon Bay, WI 54235



Thank you!

Your gift is tax deductible.