



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) 2022

☐ 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
817/927-4006

Thank you for supporting The Women's Center.