

Yes! I want to contribute to



Name _____

Organization/Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

(Providing your email address helps us keep our future mailing costs lower. We will not share your address.)

Become a Member of the Founding 500!

Individual gifts of \$500 or more (associations or businesses are gifts of \$1000 or more)

Founding 500 members receive a sterling silver pin by jewelry designer Michael Dunn

\$500+

Other amount: \$250 \$100 _____

Please list name(s) as desired on donor's list:

I prefer name(s) not to be published

My donation is eligible for gift matching by my employer:

(Please make your check payable to The Community Foundation for the Capital Region, referencing The Women's Fund in the memo line.)

Bank of America Matching Gifts Program GE Foundation Matching Gifts Program

Key Foundation Matching Gifts Program (KeyBank)

Other: _____

If your company has a matching program, please contact us and we can find out whether or not the Women's Fund is eligible.

This donation is in honor of or in memory of (please circle one) _____

Please send a card acknowledging this gift to:

Name: _____

Address: _____

Method of Payment

My check is enclosed. *(Please make payable to The Women's Fund of the Capital Region)*

Please bill me: one payment quarterly monthly *(Note: Founding 500 pledges must be fulfilled within one year)*

I will pay by credit card: Visa Mastercard (circle one)

Signature _____

Name on card _____

Card # _____

Expiration Date _____

Mail This Form and Your Check to:

**The Women's Fund of the Capital Region
Six Tower Place, Albany, NY 12203**

OR Fax This Form and Your Credit Card Info to: (518) 446-9708