

I'd like to help



THE WOMEN'S FUND
of the CAPITAL REGION

A fund of The Community Foundation
for the Greater Capital Region

Name _____

Occupation _____

Street Address _____

City _____ State _____ Zip _____

Telephone(s) _____

Email _____

Best way to contact me: *please circle one* Email Phone Postal mail

***Note - We will not rent, sell, share or distribute your private and personal information. ***

I want to be involved with

- Trailblazers Luncheon
- Coffee & Conversation Events
- Scholarship/Mentoring Programs
- e-Newsletter
- Video about the Women's Fund

I want to share these skills with the Women's Fund

- Event planning
- Financial Reporting
- Fundraising
- Graphic design
- Microsoft Office skills
- Photography
- Communications experience
- Videography
- Website maintenance
- Other _____

I Want to Make a Gift

Amount _____ Date _____ *Make payment to The Women's Fund of the Capital Region*

My donation is eligible for gift matching by my employer
Please print name of employer _____

I prefer my donation to be anonymous.
If not checked, donor's name will be published in Women's Fund materials.

This donation is in honor of / in memory of _____
Please send a letter acknowledging this gift to:

Name _____

Address _____

I have a friend who would like to learn about the Women's Fund

Please fill in the information below as completely as possible.

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone(s) _____

Email _____

**Please send completed form to womensfundcr@katedudding.com (518) 218-9292 or
Women's Fund of the Capital Region, Six Tower Place, Albany, NY 12203**