



YES, I'd like to make a gift to the Women's Fund of Western Massachusetts.

- **Items in red are required.**

Donation Information

Amount: \$1,000 \$500 \$250
 \$100 \$50 Other \$_____

Additional Information

Frequency: One Time Every Month on Day 15
Pledge: This is a pledge payment.
Corporate: This donation is on behalf of a company.
Anonymous: I prefer to make this donation anonymously.
Tribute: In honor of... In memory of... In celebration of...
 Tribute Name: _____
 Mail/Email Address: _____

Billing Information

Title: _____
First Name: _____
Last Name: _____
Street Address: _____
City/State/Zip: _____
Phone: _____ **Email:** _____

Payment Information

Cardholder's Name: _____
Card Type: Visa MasterCard American Express
Credit Card Number: _____
Card Expiration: _____ Month _____ Year
Card Security Code: _____ (3 or 4 digit code on back of card)

Matching Gifts My company will match my gift.