

The San Diego Women's Foundation Membership Form

Welcome to the SDWF,
We are excited to have you as a member!

Today's Date _____

Yes, I want to be a member of The San Diego Women's Foundation.
I understand the initial membership contribution is \$2,000 a year for five years, and then is renewable annually.

Contribution Payment Method:

I will pay by check (made payable to The San Diego Women's Foundation):

- I will pay my first year contribution of \$2,000. Please print form and mail with check.
- I will pay by my full 5 year contribution of \$10,000. Please print form and mail with check.

Please charge my **credit card**: Visa MasterCard American Express

Amount: _____ + \$54 cr. card processing fee per \$2,000 = _____

Account Number: _____

Security Code: _____ Expiration Date: _____

Signature: _____

- I would like to make a **stock transfer** or use a **donor advised fund** to make my contribution to SDWF (please contact Tracy Johnson for details).
- I will pay **online** at www.sdwomensfoundation.org.

My Name: (as it should appear in listings)

Address: _____

City: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

MAIL: The San Diego Women's Foundation
2508 Historic Decatur, Suite 200
San Diego, CA 92106

FAX: (619) 239-1710

INFORMATION: Tracy Johnson, SDWF Director (619) 814-1374 or tracy@sdfoundation.org