

The San Diego Women's Foundation
Membership Form
EIN # 95-2942582

**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. By completing the form below and submitting payment, I confirm that 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.

I will pay by my full 5 year contribution of \$10,000.

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 (subject to credit card processing fee).

I will contact Tracy Johnson (information below) to discuss quarterly payment options.

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