

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

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 for five years, and then is renewable annually.

Contribution Payment Information:

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

I will pay my first year contribution of \$2,250.

I am under 40 and will pay my first year contribution of \$1,125. *Birthday:* ____/____/____
Mth / Year

I will pay by my full 5 year contribution of \$11,250 (or \$5,625).

Please charge my credit card: Visa MasterCard American Express

Amount: _____ + 3.5% card processing fee = \$ _____

Account Number: _____ Security Code: _____

Expiration Date: _____ Signature: _____

My company will match my contribution to SDWF.

I would like to make a stock transfer or use a donor advised fund to make my contribution to SDWF (please contact M o)

I will pay online at www.sdwomensfoundation.org (subject to credit card processing fee).

I will contact M o (in r)

My Name (as it should appear in listings): _____

Address: _____

City: _____ **Zip Code:** _____

Phone: _____ **Phone Type:** Home Cell Business

E-mail: _____

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

FAX: (619) 239-1710

INFORMATION: Katie Sawyer, Executive Director (619) 814-1374 KatieS@sdfoundation.org