

Honor the Special Women in Your Life.

Donor Name _____

Address _____

Phone _____ E-mail _____

Please accept my gift of \$ _____ to The Women's Fund

Payment Information:

_____ Check Enclosed *(Please make checks payable to Wayne County Community Foundation)*

_____ Please charge my credit card

_____ Visa _____ MasterCard _____ American Express _____ Discover

Card # _____ Exp. Date _____ CVC _____

Signature _____

I would like to honor the following women:

Name _____

Address _____

City _____

State _____ Zip _____

If you would like your gift to express sympathy
or respect, please complete the following:

This gift is in _____ memory of _____ honor of
Name _____

Name _____

Address _____

City _____

State _____ Zip _____

If you would like your gift to express sympathy
or respect, please complete the following:

This gift is in _____ memory of _____ honor of
Name _____

Name _____

Address _____

City _____

State _____ Zip _____

If you would like your gift to express sympathy
or respect, please complete the following:

This gift is in _____ memory of _____ honor of
Name _____

Name _____

Address _____

City _____

State _____ Zip _____

If you would like your gift to express sympathy
or respect, please complete the following:

This gift is in _____ memory of _____ honor of
Name _____

Gifts are fully tax deductible, and amounts will not be disclosed to the recipient.

To honor additional recipients, contact the Foundation at 330.262.3877, or simply attach additional names and addresses to this card. Gifts must be received by May 1st.

Please mail completed form to:

The Women's Fund

c/o Wayne County Community Foundation

517 N. Market Street, Wooster, Ohio 44691