



Fall Membership Renewal Form

PLEASE RENEW YOUR MEMBERSHIP BY DECEMBER 1

Name: _____

Date: _____

Yes! I would like to renew my membership \$ 2,500

I also would like to make an additional contribution to:

support our pooled fund, partner grants, and enhanced programming through the ANNUAL FUND \$ _____

support the long-term sustainability of the Foundation through the Colleen S. Willoughby ENDOWMENT \$ _____

TOTAL CONTRIBUTION ENCLOSED \$ _____

Payment Type:

Check Enclosed

Stock type to be transferred: _____

Check requested from Advised Fund: _____

My donation will be matched by: _____

**YOU MAY ALSO PAY BY CREDIT CARD ONLINE AT
WWW.WAWOMENSFDN.ORG**

PHILANTHROPY FORWARD - LEAVE A LEGACY

I have included WA Women's Foundation in my estate plans.

I am interested in securing WA Women's Foundation's future through an estate gift.

Please contact me with more information.

PHOTO PERMISSION - Washington Women's Foundation periodically utilizes photographs of members for communication and marketing purposes (such as on our website, social media sites, and print publications). By renewing your membership, you agree that the Foundation may use such photos of you with or without your name and for any purpose including but not limited to publicity, illustration, member communications, marketing and web content. Initialize here if you **withhold permission** to use your photograph _____.