



Become a Member of WA Women's Foundation Today

Our collective impact is greater, more powerful and more enduring than what we can do alone.

Please fill out this form and return it with your first annual contribution.

Or join online at wawomensfdn.org/join-the-transformation/

MEMBER INFORMATION

Name

Email

Mailing Address

City

State

Zip

Home Phone

Work

Cell

Employer Name

Title

In what year were you born? (optional)

Self-Described Race (optional)

What person, event, or publication influenced your decision to join WA Women's Foundation?

I am interested in joining the following committees (check all that apply):

Pooled Fund Grant Impact Assessment Partner Grant Member Engagement Intersect

CONTRIBUTION

I wish to make my first annual contribution of \$2,500

Enclosed is my **check** made payable to Washington Women's Foundation.

I would like to pay by **credit card**.

Name (if different)

Address (if different)

Credit Card Number

Exp:

CVV:

I would like to make a gift through my **advised fund**.

I would like to make a gift of **stock**. Please send me more information.

My employer will **match** my contribution. Employer name: _____

Thank You for Your Membership

Washington Women's Foundation keeps all members' contact information confidential.

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