



## 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/](http://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 or family foundation**.

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.

**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 \_\_\_\_\_.