



**YES! I want to help NYC's women and families.**

Gift Amount:

\$1,000    \$500    \$250    \$100    \$50    \$20    Other \$ \_\_\_\_\_

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Please find my check enclosed. Make checks out to The New York Women's Foundation.

Please charge my credit card. We accept VISA, MASTERCARD, or AMEX:

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Additional Information

Type of Gift:  One-time gift  Recurring Gift – I'd like to be a monthly donor with a gift of \$\_\_\_\_\_ for \_\_\_\_\_ months. Charges will be made mid-month.

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

***Is this gift in honor of or in memory of someone?*** Please provide information below:

In Honor Of    In Memory Of

Name of Tribute: \_\_\_\_\_

Please notify the following person of my gift:

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please let us know if you'd like to:**

Receive updates about The New York Women's Foundation via email.

Receive information on planned giving with The New York Women's Foundation.

**Send your form to:** The New York Women's Foundation, 39 Broadway, 23<sup>rd</sup> Floor, New York, NY 10006.

Questions about your gift? Please contact us at 646-5983 or at [dev@nywf.org](mailto:dev@nywf.org).