



THE WOMEN'S BUILDING

DONATION FORM

MY INFORMATION

Name _____
(Please print how you would like your name to appear on our materials)

Please list my gift as anonymous in any donor recognition materials

Signature _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

I WANT TO SUPPORT THE WOMEN'S BUILDING WITH A TOTAL GIFT OF _____

One-time Gift of \$ _____

OR

Recurrent Gift Amount per Payment \$ _____

Enclose is my cash/check

Thank You for your generous Contribution
Your Donation to The Women's Building is tax deductible to the extent the law allows.
Please make checks payable to The Women's Building.
Please mail completed forms to 3543 18th Street #8, San Francisco, CA 94110