



**DEVELOPMENT OFFICE**

**(209) 467-2334**

Your contribution payable to the Women's Center of San Joaquin County is tax-deductible as provided by the law. Gifts of securities and employer matching gifts are welcomed.

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I/We are pleased to support the Women's Center of San Joaquin County with the enclosed contribution:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> ANGEL<br>\$99 and below      | <input type="checkbox"/> FRIEND<br>\$100-249        | <input type="checkbox"/> DONOR<br>\$250-\$499        | <input type="checkbox"/> SPONSOR<br>\$500-\$999           |
| <input type="checkbox"/> SUSTAINER<br>\$1,000-\$1,999 | <input type="checkbox"/> GRANTOR<br>\$2,000-\$4,999 | <input type="checkbox"/> PATRON<br>\$5,000 - \$9,999 | <input type="checkbox"/> BENEFACTOR<br>\$10,000 and above |

In Memory Of \_\_\_\_\_

In Honor Of \_\_\_\_\_

Send acknowledgement to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like this gift to remain anonymous.

I/We enclose \$ \_\_\_\_\_. I/We will send \$ \_\_\_\_\_ on \_\_\_\_\_.

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt#/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Please charge my:  MasterCard  Visa Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send me information on your Planned Giving Program.

I have already named the Women's Center in my Estate Plan.