



Wisconsin Women's Health Foundation
Donation Form

YES! I want to make a difference in the health of Wisconsin women.

Please accept my/our gift of \$\_\_\_\_\_.

Please use my gift for:

- Greatest area of need
Research/Grants
Education, prevention & outreach

Donor(s):\_\_\_\_\_

Please print name as you prefer it to appear in our publications. [ ] Check here if anonymous.

Address:\_\_\_\_\_
City, State, Zip:\_\_\_\_\_
Phone, Fax, Cell:\_\_\_\_\_
Email:\_\_\_\_\_

Please let us know:

- Name change
Address change

Payment Schedule:

- \$\_\_\_\_\_ Initial payment enclosed, then:
\$\_\_\_\_\_ Annually for \_\_\_ years
\$\_\_\_\_\_ Quarterly for \_\_\_ years
\$\_\_\_\_\_ Semi-annually for \_\_\_ years
\$\_\_\_\_\_ Monthly for \_\_\_ months
\$\_\_\_\_\_ One-time gift

Your gift may be made in recognition or remembrance. Please print name as you would like it to appear on the certificate WWHF will send.

- In Honor of:\_\_\_\_\_
In Memory of:\_\_\_\_\_

Please send the In Honor/Memory of certificate to:

Name:\_\_\_\_\_
Address:\_\_\_\_\_
City, State, Zip:\_\_\_\_\_

Payment Method:

- Cash
Check enclosed - payable to WWHF
Charge my credit card [ ] Visa [ ] MasterCard

Credit Card #
Exp. Date 3-Digit Security Code
Signature

The Wisconsin Women's Health Foundation is a 501(c)(3) tax-exempt organization. All contributions are 100% tax deductible to the extent permitted by law.

Please Mail or Fax this Donation Form to:
Wisconsin Women's Health Foundation
2503 Todd Drive, Madison, WI 53713
800.448.5148 | 608.251.4136 (FAX)
www.wwhf.org