

Powering the Dream Campaign Pledge Form

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2 Williams Street
Clinton, NY 13323
Phone and Fax 315/381-3072
Email: womensfundhoc@centralny.twcbc.com
www.womensfundhoc.org

Date Pledge Begins: _____ * (required)

Name: _____

Address: _____

Phone: _____ **Cell:** _____

Support Us by Joining One of the Following of Powering the Dream Gift Levels:

- ___ \$1,000 a year for five years for a total pledge of \$5,000
___ \$750 a year for five years for a total pledge of \$3,750
___ \$500 a year for five years for a total pledge of \$2,500
___ \$250 a year for five years for a total pledge of \$1,250
___ \$200 a year for five years for a total pledge of \$1,000
___ \$100 a year for five years for a total pledge of \$500

OR fill in your own amount:

___ \$ _____ for the next five years for a total pledge of \$ _____

___ \$ _____ for the next three years for a total pledge of \$ _____

___ Please charge my credit card for the entire gift amount. Please circle one:

DIS VISA MC
PLEASE BILL MY CARD _____ MONTHLY _____ QUARTERLY _____ ANNUALLY

BEGINNING DATE _____ THROUGH _____

Card # _____

Expiration Date: _____

Signature: _____

e-mail: _____

___ Please check if you do not want your name published in Women's Fund reports

Thank you for supporting The Women's Fund!
Please make checks payable to The Women's Fund
2 Williams St., Clinton, NY 13323
www.womensfundhoc.org
Phone and FAX: 315/381-3072

This pledge is not legally binding and is revocable should your circumstances change