



**Wisconsin Women's Alliance Foundation Fund Pledge Card**

I/We wish to support the Wisconsin Women's Alliance Foundation to help fund its scholarships and programs.

Donor Name(s) please print clearly	
Address	
City, State, Zip Code	
Phone	Email Address
Wisconsin Women's Alliance Member? Yes No	
WWA Local Organization: _____	
Signature	Date
Please make check payable to: Community Foundation – WI Women's Alliance Foundation	
Send all donations to: P.O. Box 563, Appleton, WI 54912	
For stock contributions please contact: The Community Foundation for the Fox Valley Region directly at 920/830-1290.	
<b>ALL CONTRIBUTIONS ARE TAX-DEDUCTIBLE AS ALLOWED BY LAW</b> <b>THANK YOU FOR YOUR SUPPORT</b>	

My Total Pledge \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

I will pay balance ( please indicate)

\_\_\_\_ Quarterly \_\_\_\_ semi-annual \_\_\_\_ annual

To Be paid over \_\_\_\_\_ years

Date of first payment \_\_\_\_\_

\_\_\_\_\_ My gift is given as a tribute(horary or memorial).  
Please complete additional details on reversed side of this card.

\_\_\_\_\_ My gift is eligible for a matching gift from my Employer. Please provide additional details on reversed side of this card.

**Tributes: (please complete all that apply and write clearly)**

\_\_\_\_\_ My gift is made in honor of: \_\_\_\_\_

\_\_\_\_\_ My gift is made in loving memory of: \_\_\_\_\_  
Please tell this person or family that a gift was made in their honor/memory (minimum \$25 gift)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Employer Matching Gift:**

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

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