

Please select donation on other side

DONOR INFORMATION

Name

Phone

Email

Street Address

City

State

ZIP

This gift is on behalf of a company

Company Name

Tax ID

PAYMENT

Check

Credit Card

Please contact me about a monthly bank transfer

Card Number

Exp. Date

/

CVV

BILLING ADDRESS

Same as above

If different, please enter below:

Street Address

City

State

ZIP

PLEASE RETURN TO:

Women's Foundation of Mississippi
2906 North State Street, Suite 302
Jackson, MS 39216



**WOMEN'S
FOUNDATION**
OF MISSISSIPPI

ALL DONATIONS
ACCEPTED ONLINE
[womensfoundationms.org](https://www.womensfoundationms.org)



WOMEN'S FOUNDATION

OF MISSISSIPPI

Your generous donation supports the Women's Foundation of Mississippi where it is needed most.

One-time Donation

\$50 \$100 \$250 \$500 \$1000 \$2500 \$5000 \$ _____

NEW! GIVING CIRCLE

Join a community of women supporting game-changing work in Mississippi to advance the economic security of women and girls across the state. Get special news, early access, & more. The Giving Circle is an annual membership spanning Jan. 1 to Dec. 31 each year. Visit us at womensfoundationms.org for details and benefits about each level and to make a gift online.



MEMBER \$120/YR **FRIEND** \$500/YR **CHAMPION** \$1000/YR **GAME-CHANGER** \$2000/YR **VISIONARY** \$5000/YR

- Please contact me about making a planned gift.
- I would like to invest in the Lois Kennedy Women We Honor Endowment Fund. Please contact me.
- This gift is a tribute in honor memory of: _____

Name to Notify: _____

Street Address _____

City _____ State _____ ZIP _____

Please fill donor & payment info on other side