



DONATION FORM

Yes, I want the incredible work of the Foundation for Women to continue – now in this unprecedented time more than ever!

_____ Circle of Giving Champion – minimum \$1000 donation

_____ Benefactor \$500

_____ Friend \$100

_____ Supporter \$50

_____ Other special support! \$ _____

_____ Monthly Donation via credit card \$ _____

Enclosed is my check payable to FFW to:

Foundation for Women
PO Box 2786
La Jolla, CA 92038

Please charge my credit card:

Name on Credit Card: _____

Number _____ Expiration _____

Thank you from all the millions of women and families who we have served and our forever part of our One Human Family!

Love and blessings, Deborah and All at the Foundation for Women