



**Business and
Professional
Women's
Foundation**

DONATION FORM

My Information

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone/Day _____ Evening _____

Fax _____ Email _____

Donation

\$ _____ Amount

Method of Payment Check Credit Card

MasterCard Visa

Credit Card Number _____ Exp. Date _____

Cardholder's Name _____

Cardholder's Billing Address *(if different than above)*

Address _____

City _____ State _____ Zip _____

Tributes (please complete all that apply)

In honor of _____

In memory of _____

From (if different than above): _____

Please notify the individual or family indicated below that a gift was made in honor/memory (requires a minimum \$25 gift)

Name: _____

Address _____

City _____ State _____ Zip _____

Please Return To:

BPW Foundation
c/o Wachovia Bank
P.O. Box 759189
Baltimore, MD 21275 -9189

Phone: 202-293-1100
Fax: 202-861-0298

Please Make Checks Payable to:
BPW Foundation

To request an electronic copy of the form or for more information about BPW Foundation:
E-mail: Foundation@bpwfoundation.org

Visit: www.bpwfoundation.org