



Circle of Influence Member Pledge Form

Date: _____
Name: _____
Title: _____
Business Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ E-Mail: _____

Pledge Amount: \$1000 _____ \$5000 _____ \$10,000 _____ \$25,000 _____

Sustaining Pledge: \$ _____ for _____ years.

Sustaining Pledge: \$ _____ per year (automatic renewal).

CASH CONTRIBUTIONS

_____ Enclosed is my check payable to WomenVenture for \$ _____.

_____ My company will match this gift. I am including or will forward a company matching gift form.

PLEDGES

I pledge and agree to contribute \$ _____ to WomenVenture's *Circle of Influence*.

*I would like to make a _____ monthly, _____ quarterly, _____ annual payment of \$ _____.

Enclosed is \$ _____. The balance of \$ _____ will be paid by _____ or please invoice me in _____.

* Credit/debit card withdrawals are required for monthly or quarterly payments.

• Annual payments may be made via check, credit or debit card.

_____ I would like to make my gift/pledge payment by credit card.

___ AMEX ___ VISA ___ Mastercard Amount \$ _____.

Name (as it appears on card) _____

Card Number _____ - _____ - _____ - _____

Expiration Date ___ / ___ Signature _____

Name: _____

Please print name exactly as you would like it to appear in WomenVenture publications.

_____ Please send invoice to (if different from above):

Billing address: _____

City, State, ZIP: _____

All gifts are tax deductible as specified by law.