



Gift/Pledge Agreement

1202 S. Main Street, Suite 230 Little Rock, AR 72202 (501) 244-0740 www.womensfoundationarkansas.org

Donor Name _____ Date _____

Contact Name (if gift is from organizational entity) _____

Street Address _____ City, State, Zip _____

Telephone (preferred) _____ Email Address _____

GIFT INFORMATION

I wish to donate \$ _____ to the Women's Foundation of Arkansas for:

- Women of Worth Campaign
- WFA Grant-making Endowment Fund
- WFA Operating Endowment Fund
- Joan Rule Campbell "Girls of Promise" Endowment Fund
- WFA Foundation Program or purpose with the greatest need.

I would like to make this gift as a: one-time gift pledge

PLEDGE INFORMATION

I pledge a total gift of \$ _____ to Women's Foundation of Arkansas. My pledge will be paid \$ _____ per month/quarter/year (please circle one)

Payments will be made by the method noted below, in the first week of the designated frequency above.

Signature _____ Date _____

- Please bill me per pledge payment plan above and I will send in a check.
- Please charge my credit card per the pledge plan above.

Card number _____ Expiration _____ Visa MC AmEx

Cardholder's Name _____

Signature (must match name on card) _____

My/our name(s) may be used in printed materials. Yes _____ No _____

Name(s) to appear in print _____

For questions or further information, please contact Women's Foundation of Arkansas at (501) 244 - 0740 or email lwatts@womensfoundationarkansas.org

Thank you for your gift!