



of the Community Foundation for South Central New York

I would like to pledge:

\$ _____ Quarterly \$ _____ Once a Year

\$ _____ Twice a year

For _____ years

My total donation will be \$ _____

Name: _____

Mailing/Street Address: _____

City, State, Zip: _____

E-mail: _____

Phone: _____

Check is enclosed. Make all checks payable to CFSCNY, noting "Women's Fund" in the memo section.

OR, for credit card payments:

I am interested in volunteering with The Women's Fund. Please contact me!

VISA MC

Name on Card: _____

Card Number: _____ Expiration Date: _____

Signature: _____

For non-cash gifts such as stock or mutual funds, please call the Community Foundation.

Community Foundation for South Central New York
70 Front St., Binghamton, NY 13905 (607) 772-6773

Thank You!

