



Business and
Professional
Women's
Foundation

BPW Foundation Donation Form

I believe in the work of the Business and Professional Women's Foundation and want to improve the lives of workingwomen by supporting its programs with a donation

My Information

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone/Day _____ Evening _____

Fax _____ Email _____

Donor Levels

- Friends (\$25-\$249)
 Financier (\$250-\$499)
 Torchbearer (TB)-Silver (\$500-\$999)
 TB-Golden (\$1,000-\$4,999)
 TB-Platinum (\$5,000 plus)
 Other \$ _____

Method of Payment

Check Credit Card \$ _____ Amount
 American Express Discover 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 _____

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:

Attn: Development Director
 BPW Foundation
 1620 Eye Street NW, Suite 210
 Washington, DC 20006
 Fax: 202-861-0298
 Phone: 202-293-1100

Make Checks Payable to:
 BPW Foundation

To request an electronic copy of
 the form or for more information
 about BPW Foundation:
 E-mail: Foundation@bpwusa.org
 Call: 202-777-8932

Visit: www.bpwfoundation.org