

CONTRIBUTE TO THE FOUNDATION

YES, I want to support the Foundation: An annual contribution of \$25 or more entitles you to receive our semi-annual newsletter, notices of events and reunions, and program updates.

Rank/Title	First Name	MI	Last Name	
Address		City	State	Zip
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Phone		Email		
☐ Enclosed is my check made payable to: Army Women's Foundation				
		•	MasterCard	□ Discover
C1 #			/	
Card #		⁻	Eve Data	
			Exp Date	SVC Code (On back)
Name on Card		C:		
Name on Card		Signature		
Billing Address (if d	ifferent than above)	City	State	Zip
VES I want to contribute an additional \$ to give a Enjand's gift to.				
YES, I want to contribute an additional \$ to give a Friend's gift to: An annual contribution of \$25 or more entitles your friend to receive our semi-annual				
newsletter, notices of events and reunions, and program updates.				
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Rank/Title	E:4 N	MI	Last Name	
Kank/Title	First Name	MI	Last Name	
Address		City	State	Zip
()		City	State	Zip
Phone		Email		
Please direct my gift(s) as follows: (Check one, if selecting both, specify amounts for each)				
\$Program Support & General Operations \$Museum Support Undirected gifts will be used where most needed.				
Chaireetea Sijis Wiii	be used where most need			
☐ Please send information about planned giving and other potentially tax-deductible ways in				
which I can support the U.S. Army Women's Foundation.				
The U.S. Army Women's Foundation is a 501(c)(3) organization.				
Your contributions are tax deductible to the full extent allowed by the law. All donors will receive a gift receipt.				

THANK YOU FOR YOUR SUPPORT