

DWIN Annual Fund Pledge Form



DEMOCRATIC WOMEN'S INFORMATION NETWORK

Nurturing and Supporting Future Women leaders in Duval County

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information *(see Annual Fund Campaign Information Sheet with gift options)*

I (we) pledge a total of \$_____ to be paid: now by December 31 monthly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

matching gift form enclosed matching gift form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (We) wish to have our gift remain anonymous.

Signature(s)

Please make checks, corporate matches,
or other gifts payable to: **DWIN**
Or pay online:



SCAN ME

Date

DEMOCRATIC WOMEN'S INFORMATION NETWORK
PO Box 41365
Jacksonville, FL 32203