

Founder Form

PLEASE PRINT CLEARLY

1 > Complete this section if you're becoming a Founder or making someone a Founder

Name _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Phone: _____

Email: _____

I want to become a: Founder Young Founder (age 21 to 35)

I want to make someone else a: Founder

2 > If you are Making someone a Founder – their information goes in this box.

Your information goes in section 1 / Their information goes in section 2.

Founder \$1,000

New Founder Name

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

New Founder Phone: _____

New Founder Email: _____

3 > Payment information:

I would like to pay with a check.

- With payment in full \$1,000.
- With my first payment of \$200. Please bill me annually for 4 additional years.

*Amounts will be adjusted by
1/2 for Young Founders*

I would like to pay with a credit card

- With payment in full \$1,000.
- Please charge my card \$200, then charge me AUTOMATICALLY \$200 every year, for 4 years, until \$1,000 pledge is paid off.
- Please charge my card \$50, then charge me AUTOMATICALLY \$50 every 3 months (quarterly) for 5 years until \$1,000 pledge is paid off.
- Please charge my card first payment of \$ _____, then issue me an invoice annually for my balance.
- I would like to make a **donation** of \$ _____.

Credit card # (Visa / MasterCard / Discover) No AmEx, Please

Exp. Date

3-digit Sec. Code

X _____

By Signing here, I authorize FFW to charge my credit card as per my instructions.

I learned of FFW from (person and/or event) _____



FundforWomen
AT THE DELAWARE COMMUNITY FOUNDATION

Your Contribution is tax deductible as provided by law.

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