



YOUNG 100 LEGACY LEADER PLEDGE FORM

Thank you for your thoughtful support of the Women's Legacy Fund, which provides funds for programs or projects which build resilience and empower girls with the skills, knowledge, and support to overcome gender inequities and stereotypes. Please complete this form to indicate your preferences and return it to The Community Foundation.

I/we wish to become a Women's Legacy Fund Legacy Leader with a gift of \$1,000.

Name: _____ I prefer to remain anonymous.

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I prefer to be listed as: _____

I would like my pledge be paid within three years as follows:

- Enclosed is a check for the full amount of \$1,000 payable to:
The Community Foundation San Luis Obispo County
- I will set up bill pay with my bank to send a monthly payment of \$_____ (minimum \$28) to The Community Foundation starting _____ (date).
- I will make my monthly payment of \$_____ (minimum \$28) manually online through The Community Foundation website, www.cfsloco.org
- Charge my ___ VISA or ___ MC credit card listed below a monthly payment of \$_____ (minimum \$28) starting on _____ (date).

Card # _____ Expires: _____

Name on Card: _____ Security Code (located on back): _____

Billing Address: _____

Donor Signature: _____ Date: _____

Thank you for your gift to support
The Women's Legacy Fund
Federal Tax Exempt #77-0496500



The Community Foundation San Luis Obispo County
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(805) 543-2323; www.cfsloco.org