



**WOMEN'S LEGACY FUND
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 make a gift to support The Women's Legacy Fund in the amount 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 over three years as follows:

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

Charge my ___ MC ___ VISA

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