WOMEN'S LEGACY FUND
a fund of
THE COMMUNITY FOUNDATION
SAN LUIS OBISPO COUNTY

Name/s_____ Date_____

Address_____ Phone_____

City, St, Zip_____ Email_____

☐ I would like to become a Legacy Leader of the Women's Legacy Fund with a donation of $1,000.

☐ As an **existing** Legacy Leader I would like to make a Sustaining Legacy Leader gift of:

   ☐ $2,000-Monarch   ☐ $1,000-Butterfly   ☐ $500-Chrysalis   ☐ $250-Sustaining   ☐ Other_____

☐ I am under 40 years of age and would like to join the **Young 100** to become a Legacy Leader of the Women's Legacy
   Fund and pledge to make a donation of $1,000 over a three year term with a minimum $28/month payment.

☐ I would like to make a contribution of $_____to the Women's Legacy Fund Endowment.

☐ I/We would like to make a contribution of $_____to directly support next year's grants.

Turn over card to indicate payment method

The Women's Legacy Fund thanks you for your generous gift to help make a significant impact on the lives of women and girls in San Luis Obispo County!

550 Dana Street, San Luis Obispo, CA 93401; 805-543-2323; www.wlfslo.org

Payment will be made as follows:

- ☐ Check enclosed (payable to The Community Foundation SLO County)
- ☐ Charge to my credit card: Visa   MasterCard (circle one) Or make payment online at www.wlfslo.org

  Name on card (please print):_____

  Card Number: _____ Exp. Date:_____/_____ Security Code: _____

  Billing address (if different): _____

- ☐ I pledge $1,000 to become a Legacy Leader to be paid within one year in _____ (#) payments.
- ☐ I pledge $1,000 to become a Young 100 Legacy Leader to be paid within three years with $_____ monthly payments ($28 min.)
- ☐ Please contact me about a gift of securities, real estate or other assets.

Please indicate how you would like to be recognized in our printed material:

_____   ☐   I would prefer to remain anonymous.

Pay tribute to someone special
Your gift can be made in honor or in memory of a friend, mentor, or loved one. I would like to pay tribute to:

In honor OR memory of: _____   *Name & address* _____
    (circle one)   (Name of person)   *to send Tribute* _____
                                          Card: _____

_____