



THE ATLANTA
WOMEN'S
FOUNDATION

Breaking Barriers. Building Women.

MONTHLY GIVING FORM

Name: _____

Preferred Mailing Address: home work

Address: _____

City, State, Zip: _____

Preferred Telephone Number: home work cell _____

Employer: _____

Title: _____

Preferred Email: _____

Yes, I would like to make a monthly gift to The Atlanta Women's Foundation of

\$1,000 \$500 \$250 \$100 \$81 \$50 \$25 \$10 Other _____

Please charge my: Visa MasterCard American Express Discover Card

Card number _____ Expiration Date _____

Name listed on card _____ Security Code _____

Address for credit card (if different from above): _____

Signature _____

Please mail, email or fax this form to the attention of Ali Cobb

3355 Lenox RD • Suite 850 • Atlanta, GA 30326
T: (404) 577-5000 • F: (404) 589-000 • acobb@atlantawomen.org

The Atlanta Women's Foundation sincerely thanks you for your generous gift!