



## THE WOMAN'S CLUB OF RALEIGH CAPITAL CAMPAIGN DONOR REGISTRATION FORM

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_  Home  Cell  Work

Email: \_\_\_\_\_

### **GIFT PREFERENCE:**

\_\_\_\_\_ **Sustainer Gift:** Help the WCR reach its goal, and enjoy the convenience of paying **monthly** over time for up to five years!

\$25  \$50  \$100  \$250  \$500  Other: \$\_\_\_\_\_

I understand that I can change my donation amount or cancel at any time.

\_\_\_\_\_ **Individual Gift:**  \$100  \$250  \$500  \$1,000  \$2,500  \$5,000  \$10,000

Other: \$\_\_\_\_\_

### **GIFT OPTIONS:**

I wish to submit a matching gift form from my employer - - please contact me!

My gift is in honor/memory of \_\_\_\_\_

Please send me information about including the WCR in my will.

Donations are tax-deductible to the extent permitted by law.

### **PAYMENT OPTIONS:**

**By Check:** Please make your check payable to "The Woman's Club of Raleigh" and write "Capital Campaign" in the Memo field at the bottom of the check. Please enclose your check along with this Donor Registration Form.

**By Credit Card:** Please charge my:  VISA  MC

Cardholder Name: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_/\_\_/\_\_ CVV#: \_\_\_\_\_

Billing Statement Address: \_\_\_\_\_

### **MAIL YOUR DONOR REGISTRATION FORM UPON COMPLETION TO:**

The Woman's Club of Raleigh/Capital Campaign  
3300 Woman's Club Drive  
Raleigh, NC 27612



We appreciate your generous support of **The Woman's Club of Raleigh Capital Campaign!**

