

LEGACY CLUB PLEDGE TO FUND YOUR VISION

Our financial goal is to raise \$5,000 in monthly pledges as a way to cover our daily operational expenses. Please contribute at a level that is appropriate to your vision of the importance of the **Women's History Museum and Educational Center** in our community.

• **Today**, I will contribute \$ _____.
OR

• **Every month**, I will contribute \$ _____ beginning on ____/____/____
OR

• I pledge \$ _____ for the **coming year** as follows:
1st payment of \$ _____ on ____/____/____
2nd payment of \$ _____ on ____/____/____
3rd payment of \$ _____ on ____/____/____
4th payment of \$ _____ on ____/____/____

OR

- Please contact me to discuss a corporate, personal property or estate gift. _____
- Please charge to my ___ Visa ___ Mastercard # _____
- Name on card: _____ Expires: _____
- Name (Please print) _____
- Address _____
- City _____ State _____ Zip _____
- Telephone (Home) _____ (Work) _____
- Email: _____

Please make checks payable to: WHMEC
2323 Broadway, Suite 107
San Diego, CA 92102

TEL: 619 233-7963

FAX: 619 233-6327

EMAIL: info@whmec.org

*The Women's History Museum and Educational Center is a non-profit 501(c)(3) corporation.
Proud member of the San Diego Museum Council. Serving San Diego County since 1983.*

“GIVE TODAY...CREATE A LEGACY FOR TOMORROW.”