

LWML Mid-South District Endowment Donation Form

First Name: _____

Last Name: _____

Address: _____

City / State / Zip: _____

Home Phone: _____ Mobile: _____

Email Address _____

Enclosed is my tax-deductible gift of \$ _____

You may restrict your donation as noted below if the individual amount is over \$5,000.

____ I would like my donation restricted to: (choose one of the following):

____ Scholarship Assistance

____ Leadership Development

Other – Specify: _____

(Subject to the approval of the LWML-MSD Board of Directors)

If you have questions, please contact:

Mary Pruitt, LWML MSD Fund Chairman endowmentfund@midsouthlwml.org 479-651-7410

Linda Gage, LWML Gift Planning Counselor linda.gage@lfnd.org 800-741-4138, x1

My donation is:

____ In Honor

____ In Memory of: _____

____ Please keep my donation confidential

Make checks payable to **LWML Mid-South District** (indicate in memo line Endowment Fund).

Mail check along with this form to:

Erin Foster

8301 Melanie Lane

Pine Bluff, AR 71603