



WBDC

Women's Business Development Council
The Leader of Entrepreneurial and Financial Training for Women in Connecticut

WBDC ANNUAL APPEAL PLEDGE FORM

DONOR INFORMATION

Name (as you would like to be listed) _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Email _____

I/We would like to remain anonymous

GIFT INFORMATION

Enclosed is my/our one-time gift of: \$2500 \$1000 \$500 \$250 \$100 \$50 Other \$ _____

I/we would like to make a: monthly quarterly semi-annual gift of \$ _____

Please note: Must be credit-card payment. Your credit card will be charge automatically.

My/Our gift will be matched by: _____
(Please include Corporate Matching Gift Form)

My/Our contribution is in honor/memory of: _____

Please notify _____ of my/our contribution.

Address _____

City _____

State _____

Zip Code _____

PAYMENT

Enclosed is a check payable to "WBDC"

Please charge my credit card: Visa MasterCard AmEx

Name (as it appears on card)

Card Number

Expiration Date

Security Code

Signature

Please mail Pledge Form with payment to:

**Attn: Annual Appeal
Women's Business Development Council
184 Bedford Street
Stamford, CT 06901**

GIFTS TO WBDC ARE FULLY TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW