



## GIVING WoMN Pledge Form

\_\_\_\_\_ **YES** I want to become a GIVING WoMN member and  
will pledge \$1,000 per year for 2 years and an administrative  
fee of \$100 per year.

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Name (print) \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Home e-mail \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Check enclosed payable to GIVING WoMN for \$1,100  
(Mail to Courage Center, 3915 Golden Valley Road,  
Minneapolis, MN 55422.)

\_\_\_\_\_ I prefer to call the Fiscal Agent with my credit card.  
(Amy Britt: 763-520-0542 or Emily Anderson: 763-520-0544)

**WELCOME and THANK YOU!**

