

GIFT INFORMATION

Donate in a single payment

\$1,000 \$500 \$250 \$100

Other Amount: \$ _____

Donate in monthly installments (credit card or automatic bank withdrawal)

\$100/month (\$1,200 per year)

\$50/month (\$600 per year)

\$25/month (\$300 per year)

\$10/month (\$120 per year)

Other amount \$ _____ /month (\$ _____ /year)

I am giving to the

Annual Appeal

Benefit Dinner

Institute Campaign

Other

Gift Comment *(in memory of, in honor of, etc.)*

How did you hear about WPA?

Thank you!

Your contribution is an investment in the community. With your support, WPA is helping women with criminal justice histories realize new possibilities for themselves and their families.

Increase the impact of your donation! Please check with your employer's human resources department for matching gift opportunities.

Please send your gift, along with this form, to:

Women's Prison Association
Attn: Development Department
110 Second Avenue
New York, NY 10003

Sign me up to receive e-updates

Sign me up to receive updates via postal mail

For more information on WPA, please contact Michael Schreiber, Development Director, at 646.292.7743 or mschreiber@wpaonline.org.

BILLING INFORMATION

My check is enclosed
(Please make payable to **Women's Prison Association**)

Charge my contribution to my credit card

Visa Mastercard American Express

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

Deduct my contribution from my bank account

Type of account:

Checking Savings

NAME ON BANK ACCOUNT

ACCOUNT NUMBER

ABA ROUTING NUMBER

Billing Address

TITLE NAME

CITY STATE ZIP

COUNTRY (IF OTHER THAN U.S.) POSTAL CODE

PRIMARY PHONE SECONDARY PHONE

E-MAIL

Shipping Address (if different from billing address)

TITLE NAME

CITY STATE ZIP

COUNTRY (IF OTHER THAN U.S.) POSTAL CODE