

**The Financial Women's Association of San Francisco Scholarship Fund Inc.
Endowment Pledge Form**

Please use this form to confirm your total pledge and payment schedule.

You can email the form to: info@fwasf.org

Or you can mail to FWA, P.O. Box 26143, San Francisco, CA 94126

If you have any questions, call 415.586.8599

Donor(s) _____

Address _____

Phone _____

Total Pledge \$ _____

Payment Dates and Amounts:

Payment 1 Date: _____ Amount: \$ _____

Payment 2 Date: _____ Amount: \$ _____

Payment 3 Date: _____ Amount: \$ _____

Payment 4 Date: _____ Amount: \$ _____

Payment 5 Date: _____ Amount: \$ _____

Other Gift Details (Family Gift, Gift in Memory, Matching Gift, etc.): _____

Preferred listing of name(s): _____

OR list as Anonymous _____

Payment Details:

We plan to make our gift by: check _____ credit card _____ stock _____ other _____

Please make checks payable to: **The Financial Women's Association of San Francisco Scholarship Fund Inc.** In the memo section write "Endowment Donation."

Please circle credit card type: Visa _____ MC _____ Amex _____

#: _____ Expiration Date: _____

(If emailing this form, we suggest leaving the credit card information blank. You can make installment payments securely online at: <http://www.fwasf.org/endowment.asp>)

The FWA Board is very grateful for your pledge of support to the Endowment. Your commitment will strengthen the scholarship program and help ensure its long-term success.

Signature(s) _____ **Date** _____