



I want to help NEW!

***Required Information**

Mr. Ms. Mrs. Miss. Dr.

*Name _____

Company _____

*Address _____

*City _____ *State _____ *Zip _____

*Phone _____ E-mail _____

Enclosed is my tax-deductible gift of:

\$500 \$250 \$75 \$25 \$ _____

This gift is in honor of _____

This gift is in memory of _____

My check payable to **Nontraditional Employment for Women** is enclosed.

Please charge my credit card.

American Express MasterCard Visa

Card No. _____ Expiration Date _____

Name as it appears on card _____

Signature _____

Please complete and return this form with payment by mail to:

Nontraditional Employment for Women
Attn: Jennifer Williford
243 West 20th Street
New York, NY 10011

For questions about annual giving, please contact Jennifer Williford at (646) 358-4817.

Thank you for your support!