



**WOMENSTRONG**  
INTERNATIONAL

## Mail-in Donation Form

JOIN WOMENSTRONG IN EMPOWERING WOMEN-LED ORGANIZATIONS AROUND THE WORLD.

**Donation Amount** *(Please note we can only accept donations in U.S. currency)*

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> \$ 25  | <input type="checkbox"/> \$ 250          |
| <input type="checkbox"/> \$ 50  | <input type="checkbox"/> \$ 500          |
| <input type="checkbox"/> \$ 100 | <input type="checkbox"/> Other: \$ _____ |

### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Please make my gift

In memory of \_\_\_\_\_

In honor of \_\_\_\_\_

I'd like to notify someone of this contribution:

Email: \_\_\_\_\_

Notify the honoree of this donation with a personal message: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please make checks payable to "WomenStrong International" and mail in with this completed form to:

***WomenStrong International***  
***PO Box 4668 #26644***  
***New York, NY 10163***