



# Donation

Please mail this form and your check to:  
WRC • PO Box 975 • Scranton, PA 18510

Date: \_\_\_\_\_ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$\_\_\_\_\_ payable to the Women's Resource Center

My Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

(Receipt will be mailed to the above address)

E-Mail: \_\_\_\_\_

**TYPE OF DONATION** (please choose one):

- Anonymous Donation**
- General Donation**
- Gift in Memory of:** \_\_\_\_\_ (name of deceased)

Send acknowledgement card to:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

How would you like the card signed? \_\_\_\_\_  
(name or names)

- Gift in Honor of:** \_\_\_\_\_ (name of individual)

Send acknowledgement card to:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

How would you like the card signed? \_\_\_\_\_  
(name or names)

***We Thank you for your support.  
Your contribution is tax-deductible.***