

# BWA Women's Department



## Donor Information:

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_ Address is a:  Residence  Organization  
Street or P.O. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip code: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(for sending an electronic receipt)

## Donation Information:

Amount of Donation: One time donation \$ \_\_\_\_\_ Monthly donation: \_\_\_\_\_

Please check one:  Day of Prayer  General  Special Projects  
 Honorarium  Memorial  Exec Director Fund

If this is for a Special Project please print the name of the project: \_\_\_\_\_

If this is an honorarium or memorial donation provide the name and address of the person being honored or where a donation acknowledgement card should be sent.

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

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

## Payment Information:

- Please return this form with your donation and retain a copy for your records.
- Checks should be made payable to "BWA Women's Department"
- A receipt will be provided after receiving your donation.
- We are a 501(C)(3) charitable organization.

**Checks, Money Orders, or Bank Checks (US or Canadian currency only)** should be mailed to the address at the bottom of this form.

**Credit Cards:** Please complete the information below and mail this form to the address below or fax it to

I would like to use my \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard with Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ VCODE \_\_\_\_\_  
(MM/YY) (3 digit code is found on back of card near the signature line)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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