

**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](mailto: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** \_\_\_\_\_