



*A nonpartisan coalition of organizations and individuals
advancing the status of women and girls in Wisconsin
through communication, education, and advocacy.*

Donation Form

Yes! I want to support the work of the Wisconsin Women's Network.

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime phone: (____) _____ Evening phone: (____) _____

Email: _____

Please start my free subscription to the Network's *E-Bulletin*

Here is my tax-deductible contribution of:

\$35 \$50 \$100 \$200 \$500 \$_____ other

Check enclosed, payable to Wisconsin Women's Network

Please charge my Visa Mastercard

Card number: _____ Exp. Date: ____ / ____

Contact me about joining a task force:

Reproductive Rights Women and Criminal Justice Women Veterans

Please contact me about volunteer opportunities.

Please complete and send a copy of this form with your payment to:



Wisconsin Women's Network
122 State Street, Suite 201 B
Madison, WI 53703

608-255-9809

wiwomen@execpc.com

www.wiwomensnetwork.org