



Name

Address

City

State

Zip

E-mail

Telephone

Current CWP members, you are cordially invited to **REFER A FRIEND** who may be interested in joining our impressive and dynamic group. Please mail information about Capital Women in Philanthropy to:

Name

Mailing Address

If you wish to be removed from our mailing list for invitations and other activities related to fundraising, please call the Office of Development (609.303.4121), send a written request with your name and address to Capital Health Office of Development, Two Capital Way, Suite 361, Pennington, NJ 08534, or e-mail your request to donate@capitalhealth.org.



Scan the QR code to learn more about the Capital Women in Philanthropy

Your participation in **CAPITAL WOMEN IN PHILANTHROPY** at any level is greatly appreciated.

Members who make a gift of \$250 or more are invited to take part in the selection process for the CWP annual grants program.

I wish to renew my membership. I wish to join **CAPITAL WOMEN IN PHILANTHROPY**.

I am pleased to make a gift of: \$100 \$250 \$500 \$750

\$1,000 Other \$ _____

If you are a Capital Health employee, please inquire about the ease and convenience of payroll deduction!

Enclosed is a check, payable to **Capital Health**, in the amount of \$ _____.

Please charge my credit card in the amount of \$ _____.

Visa MasterCard American Express Discover

Please charge my credit card: one-time quarterly monthly



Scan the QR
code to make
a gift now.

Account #

Exp. Date

Security Code

Name on card (please print)

Billing Zip Code

Signature (required for all charges)