

Print this page and mail to:

The Woman’s Exchange of Saint Louis

8811 A Ladue Road

Saint Louis, MO 63124

**THIS IS A TAX DEDUCTIBLE GIFT**

$50.00 . . . . . . . . . . . . . . . . . . . . Friend $250.00 . . . . . . . . . . . . . . . . . . . . Sponsor

$100.00 . . . . . . . . . . . . . . . . Associate $500.00 . . . . . . . . . . . . . . . . . . Benefactor

$150.00 . . . . . . . . . . . . . . . . . . . Patron $1000.00 & Above . . . . . . . . . . Sustaining

**PLEASE RECOGNIZE THIS AS A GIFT FROM:**

□ Ms. □ Miss. □ Mrs.

□ Mr. □ Mr. & Mrs.

□ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

□ Please check this box if you prefer your gift not be acknowledged publicly.

□ Please charge my donation in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to my credit card.

Credit Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***TRIBUTE FUND***

*Enclosed is my/our gift:*

*In memory of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*In honor of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*A letter announcing your gift will be sent to the persons remembered or to the family who has lost a loved one. The amount of the gift is not mentioned.*

*Please send letter to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*