

Donate to Feminist Women's Health Center

To make a contribution to Feminist Women's Health Center, complete this form, print it, and fax it (with credit card information) or mail it with a check or credit card information to:

Feminist Women's Health Center
Development Department
1924 Cliff Valley Way, NE
Atlanta, GA 30344

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number(s): _____

Email Address: _____

This donation is:

Personal From my organization In Honor of _____

If you would like your contribution directed toward a particular fund, please indicate that here:

General Support (Includes Cliff Valley Clinic, Division of Reproductive Medicine,
Community Education and Advocacy Network)

Women in Crisis Fund

Young Women's Leadership Project

Lifting Latina Voices Initiative

Who referred you to donate to Feminist Women's Health Center? _____

Your Donation:

Patron \$1200.00

Sustainer \$600.00

Supporter \$300.00

Friend \$150.00

Advocate \$75.00

Ally \$35.00

Other amount: _____

The Feminist Women's Health Center is recognized by the IRS as a charitable organization under Section 501(c)3 of the Internal Revenue Code.