



PORTLAND WOMEN'S FOUNDATION

Yes, I want to help make an impact for women in the Portland community.

☐ I would like to help make a contribution to the Portland Women's Foundation of \$ _____

☐ I'm interested in more information. Please contact me.

Please submit this downloadable form with your request for information, or with your check made out to:

Portland Women's Foundation
PO Box 1032
Portland, OR 97207-1032

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email: _____