FÒS FEMINISTA ONLINE GIVING FORM

NAME

ADDRESS

CITY STATE ZIP

EMAIL ADDRESS *(Internal use only. Fòs Feminista will never sell, exchange, or lend to any outside parties)*

MOBILE PHONE *(By including your phone number here, you consent to receiving mobile text messages.)*

☑ **YES, Giselle!** I fully understand reproductive rights and services are under attack. This is why I am declaring my support with my best gift of: $ _____

☐ My check is enclosed made payable to *Fòs Feminista.*

☐ I prefer to charge my gift (please see below).

☐ Make your gift immediately at **fosfeminista.org/donate.**

☐ Please send me information about ways to include Fòs Feminista in my will and other estate plans.

Giving Women Choice and a Voice Through Your Donor-Advised Fund!

You can easily put your donation to work by requesting a one-time or even recurring gift to Fos Feminista through your donor-advised fund or directly from DAF Direct.

☐ I am recommending a gift from my Donor-Advised Fund: _____
NAME OF FUND

Please direct it to Fòs Feminista at *125 Maiden Lane, 9th Floor New York, NY 10038.* Our EIN # is 13-1845455.

Become a *Partner for Choice* by making a monthly donation of:

☐ **$15 a month (50 cents a day)** ☐ **$20 a month (66 cents a day)** ☐ **$30 a month ($1 a day)** ☐ **Other: $ _____ a month**

Automatic Bank Withdrawal: ☐ *Checking* ☐ *Savings*

☐ I authorize my bank to transfer my gift of $ _____ to Fòs Feminista **each month** on the: ☐ 5th, ☐ 20th.
Please include a voided check from your account and return it with this signed form.

Debit/Credit Card: **$5.00 minimum for recurring donations*

☐ I authorize Fòs Feminista to charge my gift of $ _____ to my debit/credit card **each month** on the: ☐ 5th, ☐ 20th.

Transfers will continue until you request that Fòs Feminista cancels your transfers. You can change the amount or cancel your monthly/recurring giving at any time by calling us at 212-214-0291.

☐ My check is enclosed made payable to ***Fòs Feminista.***

☐ **Please charge my:** ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover *($10.00 minimum for one-time gift)*

CARD NUMBER EXP. DATE (MO/YR)

NAME (AS IT APPEARS ON THE CARD) $ AMOUNT CHARGED

X
SIGNATURE DATE

We have earned 4 stars from Charity Navigator, which is the highest possible rating, have a GuideStar Platinum rating, and are top-rated by CharityWatch.