



INDIANA WOMEN'S EDUCATION FOUNDATION, INC.

Individual Contribution Form

Please Print or Type:

I (We) wish to make a contribution of \$ _____ to the Indiana Women's Education Foundation, Inc

Name

Address

City, State, Zip

Local Organization _____ District # _____ (credit will be given to local and district)

Please credit this contribution to:

- () Administrative Fund: Promotes the mission and guarantees the future of the Foundation
- () Conni Richards Youth Fund: Honors the memory of a charter trustee by supporting projects that help young people
- () General Scholarship Fund: Promotes educational opportunities for women and young people in the State of Indiana
- () Dr. Bertha Beazley Scholarship Fund: Honors the memory of Dr. Bertha Beazley, a 50+ year BPW member by giving scholarships to Indiana women pursuing post-secondary education in the medical field
- () Barbara Mofield Girl Scout Patch Scholarship Fund: Honors girls who have earned the BPW Patch while in the Girl Scouting program
- () Lynn Rhoades Memorial Scholarship Fund: Honors the memory of Lynn by establishing a scholarship for women in the accounting field
- () Teaching Indiana's Future Scholarship Fund: Honors Beverly Radeline, a 30+year retired teacher of Middle School English for the Baugo School Corporation by establishing a scholarship for women during their student teaching year
- () Science, Technology, Engineering, Mathematics (STEM) Scholarship Fund: Presented to a woman who is entering her junior or senior year of a four-year undergraduate program in a Science, Technology, Engineering, or Mathematics major
- () Named Fund: \$5,000 minimum contribution to establish fund + 10% administrative fee

HONORARIUMS/MEMORIALS:

- () This gift is in loving memory of _____
- () This gift is in honor of _____

Please send acknowledgement of gift to _____
Address _____
City, State, Zip _____

ALL CONTRIBUTIONS TO THE INDIANA WOMEN'S EDUCATION FOUNDATION, INC. ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWABLE BY LAW. Your check will serve as your receipt for amounts less than \$25.

If your employer has a matching contribution form, please attach the matching form available through your Human Resources representative.

MAKE CHECK PAYABLE TO: INDIANA WOMEN'S EDUCATION FOUNDATION, INC

MAIL FORM AND CONTRIBUTION TO:

Indiana Women's Education Foundation Inc, PO Box 134, Knightstown IN 46148