



DONATION FORM

Please PRINT all information

Last Name _____ First Name _____ Middle/Maiden /Nickname _____

Mailing Address _____ City _____ Zip _____

Phone _____ E-mail Address _____

AAUW
FUND

Make checks to **AAUW** . If you would like to contribute to specific funds, please choose below:

Greatest Needs Fund \$ _____

Education and Training Fund \$ _____

Economic Security Fund \$ _____

Leadership Fund \$ _____

AAUW Action Fund \$ _____

Total Payment Payable to AAUW \$ _____

For **Tech Trek** donations, make check payable to: **AAUW CA-SPF** \$ _____

Additional
Optional
Donations:

Make check payable to **AAUW Davis**
Local Branch Projects \$ _____

Support for UCD AAUW Student Organization \$ _____

Angel Fund for Memberships and Sponsorships \$ _____

Mail the completed form and checks to:

Gail Johnson
955 Wyatt Lane
Winters, CA 95694