



2018-2019 MEMBERSHIP RENEWAL FORM

Name _____

Address _____ Telephone _____

Email _____ Fax _____

I wish to make my annual contribution of \$2,300*

- Enclosed is my check made payable to the **Rancho Santa Fe Foundation**
- Please make a distribution from my donor advised fund _____
NAME OF FUND
- Please charge my credit card: ___ Visa ___ MasterCard ___ American Express

Account Number: _____ Amount: \$2,300 + \$75 credit card transaction fee = \$2,375

Signature: _____

I am interested in:

- Hosting a Membership Event
- Grant Committee
- Publicity Committee
- Membership Committee

Media Release:

- I grant permission to Rancho Santa Fe Women's Fund to use my image (photographs and/or video) in all related publications and digital forms of media

Signature: _____

ALL DONATIONS ARE TAX DEDUCTIBLE: TAX ID # 95-3709639
The Rancho Santa Fe Women's Fund is a donor advised fund at the
Rancho Santa Fe Foundation

MAIL TO:
RSF Foundation/RSFWF
P. O. Box 811
Rancho Santa Fe, CA 92067

CONTACT:
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