



**2017-2018 MEMBERSHIP
RENEWAL FORM**

Name _____

Address _____ Telephone _____

Email _____ Fax _____

Spouse's Name _____

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

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: Nancy Hashim, Administrator,

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