



**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

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