



Women Religious Archives Collaborative

Yes, count me/us in!
I/We want to support the Archives Collaborative.

I/We commit to support this campaign in the amount of \$ _____

Enclosed is an initial payment of \$ _____

I/We will pay the balance over 2 | 3 | 4 | 5 years (*circle one*)

In ☐ annual or ☐ semi-annual installments beginning _____ / _____
mm yr

We would like to use our gift for (*You can allocate your gift to more than one category*)

☐ Construction \$ _____ ☐ Endowment \$ _____ ☐ Operations \$ _____

Print your name(s) as you would like to be recognized as campaign donors _____

_____ ☐ Check this box if you wish to remain anonymous

Signature _____ Date _____

All gifts will be used solely for the priorities of this campaign.

Donor Information

Name _____

Address _____ City/State/Zip _____

E-mail _____ Telephone _____

Payment Options

☐ Credit Card Number _____ Exp. _____ / _____ Security code _____

☐ Check ☐ Stock or Mutual Fund (*WRAC will provide a routing information form*) ☐ Other: IRA

☐ My company, _____ will match my gifts to the campaign

☐ I/We wish to discuss a legacy gift through our wills or other estate plans

Thank you for partnering with us to write the next chapter!

SO THE STORIES
CAN BE TOLD

Sister Susan Durkin, OSU, Executive Director

2475 E. 22nd Street • Cleveland, Ohio 44115 • 216.287.5176 • sdurkin@archivescollaborative.org • archivescollaborative.org