



Taxpayer ID #81-4000190

“Sprouting Fund” Membership Form

We welcome new members. Please print this form and mail it, along with your check or credit card information, to WRWF, P.O. Box 3686, Ketchum, ID 83340.

New Member

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Enclosed is my check for \$550 payable to “Wood River Women’s Foundation.”

Enclosed is an additional donation of \$ _____ to WRWF Operating Fund

Charge my Visa or Mastercard for \$ _____ (Sprouting Fund fee is \$550)

A 3% Credit Card Processing Fee Will Be Added To Your Total

Name: _____

Acct. No: _____

Exp. Date: _____ Code: _____

Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please tell us how you found out about us:

I know someone else who is interested - Name: _____ Email: _____