



## WRC TRIBUTE FUND

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***I would like to make a gift of \$*** \_\_\_\_\_

*In memory of* \_\_\_\_\_

*In honor of* \_\_\_\_\_

*On the occasion of* \_\_\_\_\_

*(birthday, anniversary, graduation, new arrival, recovery, other)*

*Please notify the following about my \*gift:*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*\*A personalized acknowledgment of your gift will be sent to the individual or family without reference to the size of the gift.*

Please mail this form with a check made out to the Women's Resource Center, to:  
WRC, P.O. Box 2132, Durango, CO 81302