

admin@wingsforgrowth.org

Please print this form and complete the information below to ensure proper preparation of your tax receipt (please print clearly).

To donate to a specific cause, please write the na	ame of the cause on the memo line of your check.
Today's Date:	
Amount of Check: \$	payable to WINGS for Growth .
Donor Name:	
Organization Name (if applicable):	
Address:	
City: State:_	
Zip Code: Country:	
Email: (required)	
Telephone Number: (optional)	□ Home □ Mobile
Note: Your contributions may be directed to any of the determined by WINGS Management	he following areas depending on the priorities as
Executive Workshop, Personalized Coaching, Aux Leadership development - all auxiliary workshop	,, ,
Program Enhancement and evolution Conduct research on leadership for women to er	nhance the WINGS program
Mobile accessibility and virtual facilitation of the Build tools that help mobile availability of the WI	. •
Operational/Seed capital/All Areas of need Program expenses and any operational seed cap	ital or recurring expenses
Connectivity events/Speaker series Bring speakers, industry leaders to our WINGS co	mmunity to connect with industry leaders
Your questions and feedback are very important	to us. Please feel free to contact us via email at: