The Sunflower INITIATIVE

Yes!

I would like to support The Sunflower Initiative!

Mr. Mrs. Ms. Miss

_____

Name

_____

Address

_____

City

_____

State Zip

_____

Phone

_____

E-mail

Enclosed is my tax-deductible donation of:

$25 $50 $100
$250 $500 $_____

☐ Enclosed is my employer matching gift form

Please mail completed responses to:

The Sunflower Initiative
or Give online at
www.thesunflowerinitiative.com

Please direct my donation to:

☐ **Annual Fund:**
Contributions provide immediate support to our mission

☐ **Endowment Fund:**
Contributions forever sustain our mission

My gift is in honor of or in memory of:

_____

Please Notify:

Mr. Mrs. Ms. Miss

_____

Name

_____

Address

_____

City

_____

State Zip

_____

Phone

_____

E-mail

Please contact me by phone. I would like to receive more information about:

☐ Making a major gift pledge to be paid over several years

☐ Making a gift of stock/securities

☐ Including The Sunflower Initiative in my will/estate or financial plan

Thank you for considering a gift to The Sunflower Initiative. Every contribution, regardless of size, will make a difference in our mission of supporting women's education.

Please mail completed responses to:

The Sunflower Initiative
P.O. Box 764
Fairfax, VA 22038

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