

Printable Donation Form

Thank you for supporting WBL Boundless. Together, our campaign will provide research, outreach, and support for women leaders in health care and increase our impact towards achieving our mission.

| I have enclosed a gift of | | |
|--|--------|------|
| Name: | | |
| Company (if applicable): | | |
| Address (Street): | | |
| City: | State: | Zip: |
| Country: | | |
| Phone: | | |
| Email: | | |
| If applicable, any special instructions regarding your donation: | | |
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Donations are tax-deductible to the extent the law allows.

We are a 501(c)(3) organization. Our Tax ID is 51-0410145.

Consider including us in your will, trust or estate plan. It's a simple way to make an impact and leave a lasting legacy. Visit wbl.org/plannedgiving.

If you have any questions, please call us at 703-349-0900.