



Donation Form

Name _____ Today's Date _____

Address _____

City _____ State/Zip _____

Phone _____ E-mail _____

Your donations are greatly appreciated and will give other sisters the opportunity to join us.

"One Woman" Donations

Choose your donation level:

- \$100 Registration Youth Program for One Rootling (ages 3-9)
- \$155 Registration Youth Program for One Leafling (ages 10-12)
- \$155 Registration for One Maiden (10-17r)
- \$583 Registration for One Woman

"Circle of Women" Donations

Choose your donation level:

- \$1166 (2 women)
- \$1749 (3 women)
- \$2,332 (4 women)
- \$5,830 (10 women)

Complete for Listing on Southwestern Medicine Women Gathering Website and Social Media: Donors may be listed in their own name, their organization/business, or in memory of a loved one

- Name as you would like it to appear: _____
- Check here if the above named is a loved one whose memory you are honoring
- I would prefer to remain anonymous

Method of Payment:

- Please bill me
- I have enclosed my check or money order (Made out to: Gigi Rock Productions, LLC)
 - Memo on check or money order: Southwestern Medicine Women Gathering
- Please call me to pay by credit card over the phone

Mail completed form to:

Gigi Rock Productions, LLC
Southwestern Medicine Women Gathering
10905 E. Pear Tree Drive
Cornville AZ 86325