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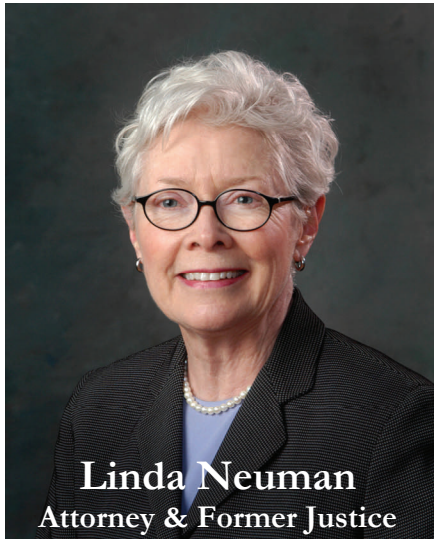
Iowa Women's Foundation
Annual Awards Luncheon

JOIN **LEADERS** BRINGING
EQUALITY & JUSTICE
TO **IOWA** IN A
CELEBRATION OF OUR
ACHIEVEMENTS!

Friday, October 16, 2009
Coralville Marriott Convention Center
300 East 9th Street, Coralville, IA

Registration: 11:30 a.m.
Luncheon and Program: Noon - 1:30 p.m.

Please respond by October 5
Tickets: \$50 or \$25 for students
Table of Eight: \$400



Linda Neuman
Attorney & Former Justice

BE INSPIRED BY OUR KEYNOTE SPEAKER, LINDA NEUMAN,
THE FIRST WOMAN TO SERVE ON THE IOWA SUPREME COURT.

APPLAUD OUR 50% SOLUTION FINALISTS, VOTING FOR THE
TOP RECIPIENT IN EACH CATEGORY ENDS SEPTEMBER 15.
VOTE NOW AT [HTTP://IAWF.ORG/VOTE](http://iawf.org/vote).

CELEBRATE OUR 2010 GRANT PARTNERS AND LEARN MORE
ABOUT THE ACCOMPLISHMENTS OF OUR 2009 GRANT PARTNERS.

**Demonstrate your support for women and girls,
RSVP today at www.iawf.org or call 888.488.4293.**

Count on my support.

Yes, I will attend the luncheon. **Please note dietary restriction(s)**_____.

#____ of tables of eight (\$400 each)

No, I am unable to attend.

#____ of tickets (\$50 each)

\$_____ Tax Deductible Contribution

#____ of student tickets (\$25 each)

\$_____ for student(s) to attend (\$25 each)

My total contribution of \$25 \$50 \$100 \$400 \$800 Other \$_____ will be made via

enclosed check online at www.iawf.org charged on my Visa/MasterCard listed below.

Name _____ Address _____ City _____ State _____

Zip _____ Phone _____ Card Number _____ Exp. Date ____/____

Email _____ Signature _____

Please provide the names and addresses of guests on the reverse side of this card or email to info@iawf.org.

Please list table guests below:

1. Name _____

Address _____

City _____

State _____ Zip _____

2. Name _____

Address _____

City _____

State _____ Zip _____

3. Name _____

Address _____

City _____

State _____ Zip _____

4. Name _____

Address _____

City _____

State _____ Zip _____

5. Name _____

Address _____

City _____

State _____ Zip _____

6. Name _____

Address _____

City _____

State _____ Zip _____

7. Name _____

Address _____

City _____

State _____ Zip _____



Iowa Women's Foundation

MISSION:

IMPROVE THE LIVES OF
IOWA WOMEN AND
GIRLS THROUGH THE
POWER OF PHILANTHROPY,
ADVOCACY AND
COLLABORATION.

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