



Online Printable Donation Form

I would like to make a tax-deductible gift of \$ _____ Date: ___/___/___

Please place it in the Mission Fund Specified:

- | | |
|--|---|
| <input type="checkbox"/> Helping People - Fund One | <input type="checkbox"/> Community Fund |
| <input type="checkbox"/> Arts & Culture Fund | <input type="checkbox"/> Environmental Fund |
| <input type="checkbox"/> Wellness Fund | <input type="checkbox"/> Education Fund |

From: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

Please check here if you would like to remain anonymous:

In Honor of: _____

In Memory of: _____

Method of payment: **Check** (Payable to Community Foundation of Central Wisconsin)

Credit Card Payment: **VISA** **MASTERCARD**

Credit Card Number: _____

Exp. Date: _____ CCV: _____

Signature: _____

Thank you for your support!

1501 Clark Street - Stevens Point, WI 54481 - (715) 342-4454



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