



**Yes, I'd like to support WSD Foundation with a tax-deductible gift!**

Please fill out this form.

Donor's Full Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_, *circle one:* VP TEXT VOICE

Please accept my donation of, *check one:*

\$25     \$50     \$100     \$250     \$500     Other: \$ \_\_\_\_\_

If you wish to make a gift in memory or honor of a person, please complete the following boxes:

This gift is made, *check one:*

in memory of     in honor of

Name of Person \_\_\_\_\_

Occasion if applicable \_\_\_\_\_  
*(birthday, wedding anniversary, graduation, etc.)*

The Person is my \_\_\_\_\_  
*(spouse, parent, daughter, son, friend, etc.)*

Please send a card of acknowledgement to:

Name(s) \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Please make a check or money order payable to **WSD Foundation** and mail it with this completed form to:

WSD Foundation  
PO Box 822  
Delavan, WI 53115

Thank you very much for your gift!