

## **Donation Information**

Donation Amount:	O\$500 O\$100 O\$50	) O\$25 O
Donor Information:	First Name	
	Last Name	
	Street Address	
	City	
	State	
	Zip code	
	Phone	
	Email	
*I would like to be contacted about future events from WI FACETS  *I would like my donation to be anonymous (non-public)  Make this donation in memory or honor of someone.		
	In Memory of	
		OR
	In Tribute of	
	Send Letter to	
	Street Address	
	City	
	State	Zip code
☐ Please charge my (	circle) MasterCard/VIS Card #	SA:
	Expiration Date:	
	Signature:	

## Mail this form, and your check, if applicable to:

WI FACETS, 2714 N. Dr. Martin Luther King Dr, Milwaukee, WI 53212

Questions: 414-877-374-0511

Donations to WI FACETS are tax deductible as prescribed by law.

Thank you for your generous support!