



Donation Information

Donation Amount: \$500 \$100 \$50 \$25

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

Enclosed is my check (Payable to *WI FACETS*)

Mail this form, and your check to:

WI FACETS, 600 W. Virginia St., Suite 501
Questions: 414-374-4645

Donations to WI FACETS are tax deductible as prescribed by law.
Thank you for your generous support!