BEAVER DAM Area Community FOUNDATION

Contribution Form

This form may be printed and mailed to: Beaver Dam Area Community Foundation P.O. Box 721 Beaver Dam, WI 53916

You	ur gift will be acknowledge	ed promptly.			
Enc	closed is my gift of \$	to the Beaver	Dam Area Community Found	lation.	
Ple	ease direct my gift to the		Fun	d or to _	the greatest need.
	Name:	ne as you wish it to appear i	n Foundation publications.		
	Address:				
	City/State/Zip:				
	Phone Number:				
	Email:				
	Check here if you wish you I am interested in establish				
	your gift a memorial or hon at to the person(s) you indic		ing of your gift, without refere	ences to the	he amount, can be
Th	e gift is: in honor of: in memory of:				
	Please send a letter acknowledge	owledging the gift to:			
	Name:				
	Address:				
	City/State/Zip:				
	edit Card Contribution me on Card:				
Caı	rd Type: □Visa □Master	:Card			
Caı	rd Number:				
Exp	piration Date:			-	
Thi	ree-digit security code:				

To donate online through our secure portal, please visit <u>www.beaverdamacf.com/becomeadonor</u>