Donate to Children's Wisconsin



To mail in your donation, please:

| 1) | Print | Out | thic | form |
|----|--------|------|-------|-------------|
| 11 | PIIIII | ()[] | 11115 | 1 () [] [|

- 2) Fill out the form
- 3) Mail it, along with your check (if you are not paying by credit card), to the following address:

Children's Wisconsin Foundation CCC Suite 220 PO Box 1997 Milwaukee, WI 53201-1997

| Please select a donation amount: | | | | | |
|----------------------------------|---|--|--|--|--|
| 0 | \$50.00 | | | | |
| 0 | \$100.00 | | | | |
| 0 | \$250.00 | | | | |
| 0 | \$500.00 | | | | |
| 0 | \$2,000.00 | | | | |
| 0 | Other amount: | | | | |
| | | | | | |
| | | | | | |
| Gift t | ype: | | | | |
| 0 | One-time gift | | | | |
| 0 |) Recurring gift | | | | |
| | Yes, I would like to make this donation anonymously | | | | |

Please continue to the next page.

| Yes, this is an honor or memorial gift | | | | | | |
|---|---------------|--|--|--|--|--|
| Honor gift type: | | | | | | |
| ☐ In Memory of | ☐ In Honor of | | | | | |
| | | | | | | |
| Honoree name: | | | | | | |
| Notification recipient name: | | | | | | |
| Notification recipient street 1: | | | | | | |
| Notification recipient street 2: | | | | | | |
| Notification recipient city: | | | | | | |
| Notification recipient State: | | | | | | |
| Notification recipient ZIP: | | | | | | |
| | | | | | | |
| Estate planning: | | | | | | |
| Yes, I have already included Children's in my estate plan. | | | | | | |
| Yes, I would like information on supporting Children's after my lifetime. | | | | | | |
| | | | | | | |
| Billing information: | | | | | | |
| | | | | | | |
| First name: | | | | | | |
| Last name: | | | | | | |
| Street address 1: | | | | | | |
| Street address 2: | | | | | | |
| City: | | | | | | |
| State/province: | | | | | | |
| | | | | | | |

Please continue to the next page.

| ZIP/postal co | ode: | | | | | | | |
|-------------------------|--|------------|----------|------------------|--|--|--|--|
| County: | | | | | | | | |
| Email addres | is: | | | | | | | |
| Yes, | Yes, I would like to receive communication from this organization. | | | | | | | |
| | | | | | | | | |
| Payment information | 1: | | | | | | | |
| Credit card type (if pa | aying by cred | dit card): | | | | | | |
| Circle One: | VISA | MASTERCARD | DISCOVER | AMERICAN EXPRESS | | | | |
| Credit card n | ıumber: | | | | | | | |
| Expiration da | ate: | | | | | | | |
| CVV (3 digits | on back of c | card): | | | | | | |

Please mail this form and your check (if not paying by credit card) to:

Children's Wisconsin Foundation CCC Suite 220 PO Box 1997 Milwaukee, WI 53201-1997