

Enclosed is a gift of:

\$100 \$500 \$1,000 \$5,000 Other Amount \$ _____

Circle one: Mr. Ms. Mr. & Mrs.

Name _____

Address _____

City, State, Zip _____

Day Phone _____

E-mail _____

Method of Payment:

(please, do not enclose cash, stop in if you would like to donate cash)

Check Enclosed Give online at wmfc.org

Visa Mastercard Discover

Card# _____

Exp. Date _____ 3-Digit Security Code _____

Signature _____

(for a charge)

Yes, include me (us) on your publicized list of donors (as written above).

No, keep me (us) as an anonymous donor.



I am interested in joining or learning more about the LEGACY SOCIETY Program

I would like to make my gift:

In honor of a special person

In memory of a deceased person.

Name of person _____

Please notify the following of my tribute:

Name _____

Address _____

City, State, Zip _____

Thank You!