

Wingra School Donation Form

Thank you for supporting Wingra School!



Name (s): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Gift Information

Wings for Wingra Annual Fund

I (we) wish to contribute

- a one-time gift of \$ _____
 a monthly gift of \$ _____ to be processed on the 1st 15th

Joyce Perkins Scholarship Fund

I (we) wish to contribute

- a one-time gift of \$ _____
 a monthly gift of \$ _____ to be processed on the 1st 15th

Payment Information

Payment Option #1: Check

- My check is enclosed, payable to **Wingra School Inc.**

Payment Option #2: Credit Card

Please charge my credit card: American Express Discover MasterCard Visa

Name on Card _____

Credit Card # _____ Exp. Date _____

Matching Gifts

My gift will be matched by _____

- Matching gift form from my employer is enclosed Matching gift form will be forwarded to Wingra School.

Tribute Gift

My gift is: in honor of in memory of _____

Please send notification of my gift to:

Name: _____

Address: _____

City, State, Zip: _____ Email: _____

Wingra School is a 501(c) (3) organization and all gifts to Wingra School are tax-deductible to the extent allowed by law.