



DONATION FORM

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email Address: _____

Donation Amount: _____

Would you like this donation to be in honor of a friend or family member? ☐ Yes ☐ No

If yes, please provide the following information:

In honor of: _____

Address of honoree: _____

City, State, ZIP: _____

Honoree acknowledgement can be emailed to: _____

Honoree Donation Amount: _____

Would you like this donation to be in memory of a friend or family member? ☐ Yes ☐ No

If yes, please provide the following information:

In memory of: _____

Name of who should receive notification: _____

Address: _____

City, State, ZIP: _____

Memorial Donation Amount: _____

Please make checks payable to:

Women and Girls Fund of Waukesha County

Mail form with donation to:

Women and Girls Fund of Waukesha County
PO Box 2142, Waukesha, WI 53187