

MCPL FOUNDATION

# GIFT / DONATION

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## DONOR INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SPECIAL DESIGNATION:

"In honor of..."       "In memory of..."

Name: \_\_\_\_\_

Send notification of gift to:

Address: \_\_\_\_\_

## PAYMENT:

A check for \$\_\_\_\_\_ is attached.

Contact me to discuss a donation of \$\_\_\_\_\_.

**THANK YOU FOR YOUR DONATION!**

Please return this form with your donation to  
MCPL Foundation, 300 N. First St., Wausau, WI 54403.

