



YOUR GIFT HAS AN IMMEDIATE IMPACT.

THANK YOU

NAME(S) _____

\$ _____

GIFT AMOUNT

CONTACT INFORMATION

THE NAME AND ADDRESS ON FILE IS CORRECT, OR

ADD/CHANGE MY CONTACT INFORMATION TO:

GIFT ACKNOWLEDGEMENT PREFERENCES (OPTIONAL)

I PREFER TO MAKE THIS CONTRIBUTION ANONYMOUSLY.

(PLEASE DO NOT LIST MY NAME IN ANY DONOR RECOGNITION.)

THIS GIFT IS IN HONOR OR MEMORY OF A PERSON OR EVENT:

GIFT DETAILS

A CHECK TO "TEN CHIMNEYS FOUNDATION" IS ENCLOSED, OR

CHARGE THE ABOVE "GIFT AMOUNT" TO MY CREDIT CARD:

CREDIT CARD INFORMATION

THIS IS A ONE-TIME CHARGE TO MY CREDIT CARD, OR

CHARGE THE "GIFT AMOUNT" EACH MONTH TO MY CREDIT CARD
ON THE 1ST OR 15TH OF THE MONTH.

NAME ON CARD _____

CARD NUMBER _____

EXP DATE _____ BILLING ZIP CODE _____

DONATE ONLINE AT WWW.TENCHIMNEYS.ORG, BY PHONE (262) 968-4161

OR RETURN THIS CARD TO TEN CHIMNEYS FOUNDATION, PO BOX 225, GENESEE DEPOT, WI 53127