

If desired, you may designate your donation:

In honor of    OR     In memory of \_\_\_\_\_

I / We would like to donate anonymously.

**Total gift \$** \_\_\_\_\_

**Initial payment \$** \_\_\_\_\_

**Balance due \$** \_\_\_\_\_

One-time pledge

Two-year pledge

Three-year pledge

Please print name(s) and address:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



***Fill out and return with your check to:***

***Fall Creek Museum Expansion Project***

***P. O. Box 161***

***Fall Creek, WI 54742-0161***