



# Campaign Contribution Card

Please return to:  
Wisconsin Foundation for School Music  
1102 Stephenson Lane  
Waunakee, WI 53597

Phone: (608) 850-3566  
Fax: (608) 850-3515

### DONOR INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRIBUTION INFORMATION:

In support of "Music Education: A Sound Investment," I/we gift the sum of \$ \_\_\_\_\_ for the Capital Campaign to build the Wisconsin Center for Music Education.

#### One-time Gift Information:

A one-time gift amount of \$ \_\_\_\_\_ is included.  
OR Bill me for my one-time gift of \$ \_\_\_\_\_ on (date): \_\_\_\_\_.  
OR Charge my one-time gift to  MasterCard  Visa  
Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on card: \_\_\_\_\_  
OR  I/we wish to make a gift other than cash or credit card. Please contact me.

#### Pledge Information:

Pledge payments of \$ \_\_\_\_\_ to start in: Month: \_\_\_\_\_ Year: \_\_\_\_\_  
Pledge payable over:  3 years  5 years  
Bill me:  Annually  Semi-annually  Quarterly  Monthly  
An initial pledge payment in the amount of \$ \_\_\_\_\_ is included (optional).

Make checks payable to:  
**Wisconsin Foundation for School Music**

**The acknowledgement and subsequent listing of my/our gift should appear as (please print clearly):**  
\_\_\_\_\_  
OR  Please **do not** publish my name as a contributor to the Capital Campaign for WFSM.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Gifts over \$500 – for publication and wall display purposes, this gift is:

In memory of  In honor of \_\_\_\_\_  
 If available, please reserve \_\_\_\_\_ as a commemorative opportunity.

Wisconsin Foundation for School Music has not transferred any goods or services in exchange for this gift. Therefore, the full amount stated may be treated as a deductible contribution in the year given for federal income tax purposes.