

WPRA Foundation Annual Fund Drive Cash Donation

YES, I would like to participate in the Annual Fund Drive by providing a much-needed cash donation.

Enclosed is my amount for \$ _____.

I pledge \$ _____. I will send my check by _____.

Name: _____

Address: _____

City _____ State _____ Zip Code _____

E-mail Address: _____

Phone Number: _____

Please send form and donation to:

WPRA Foundation, Inc.
6737 W. Washington St. Ste. 4210
Milwaukee, WI 53214

For office use only

Amount Received: \$ _____

Date: _____

From: _____