



**DONOR INFORMATION** (Your personal information is kept confidential.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Check here if you wish to be contacted personally about a donation. \_\_\_\_\_

**DONATIONS**

**A ONE-TIME DONATION IN THE AMOUNT OF:**

\_\_\_\_\_ \$50,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ 10,000 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ OTHER

**PURPOSE:**

\_\_\_\_\_ Academic Enrichment Endowment Fund

\_\_\_\_\_ WCA Wellness Center

\_\_\_\_\_ General Fund

**CHECK ENCLOSED** (see below)

**A PLEDGE AS FOLLOWS:**

An amount of \$ \_\_\_\_\_ once every year for \_\_\_\_\_ years, beginning \_\_\_\_\_ This amount totals \$ \_\_\_\_\_

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

**PURPOSE:**

\_\_\_\_\_ Academic Enrichment Endowment Fund

\_\_\_\_\_ WCA Wellness Center

\_\_\_\_\_ General Fund

**PAYMENT**

**CREDIT CARDS:** To pay using a credit card, click the "Donate" button on the WCA Education Foundation front page.

**CHECKS:**

For **WCA Wellness Center and/or Academic Enrichment** make checks payable to **West Central Initiative** with a note in the memo line indicating WCA Academic Enrichment **OR** WCA Wellness Center.

Mail to: West Central Initiative, PO Box 318, Fergus Falls MN 56537

For **General Fund Donations/Pledges** make checks payable to **WCA Education Foundation**

Mail to: WCA Education Foundation, 301 County Road #2, Barrett, MN 56311

Contributions to the WCA Education Foundation are deemed charitable under section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3). Your personal information is confidential. We will not share your personal information for marketing or promotional purposes. West Central Initiative, also a 501(c)(3) is the host for the WCA Education Foundation.