Donate to Children’s Wisconsin

To mail in your donation, please:

1) Print out this form
2) Fill out the form
3) Mail it, along with your check (if you are not paying by credit card), to the following address:

Children’s Wisconsin Foundation
MS 3050
P.O. Box 1997
Milwaukee, WI 53201

Please select a donation amount:
- $50.00
- $100.00
- $250.00
- $500.00
- $2,000.00
- Other amount: [ ]

Gift type:
- One-time gift
- Recurring gift

☐ Yes, I would like to make this donation anonymously

Please continue to the next page.
☐ Yes, this is an honor or memorial gift

Honor gift type:

☐ In Memory of  ☐ In Honor of

Honoree name: ____________________________________________

Notification recipient name: ____________________________________________

Notification recipient street 1: ____________________________________________

Notification recipient street 2: ____________________________________________

Notification recipient city: ____________________________________________

Notification recipient State: ____________________________________________

Notification recipient ZIP: ____________________________________________

Estate planning:

☐ Yes, I have already included Children’s in my estate plan.

☐ Yes, I would like information on supporting Children’s after my lifetime.

Billing information:

First name: ____________________________________________

Last name: ____________________________________________

Street address 1: ____________________________________________

Street address 2: ____________________________________________

City: ____________________________________________

State/province: ____________________________________________

Please continue to the next page.
ZIP/postal code: __________________________________________
County: _________________________________________________
Email address: ____________________________________________

☐ Yes, I would like to receive communication from this organization.

Payment information:

Credit card type (if paying by credit card):

Circle One:  VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

Credit card number: _______________________________________
Expiration date: _________________________________________
CVV (3 digits on back of card): _____________________________

Please mail this form and your check (if not paying by credit card) to:

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P.O. Box 997
Milwaukee, WI 53201