

**WISNER-PILGER COMMUNITY SCHOOLS FOUNDATION
DONATION FORM**

Name of individual or business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

I/We would like to pledge \$ _____

_____ (A) Check enclosed

_____ (B) Semi-annual payments of \$ _____

_____ (C) Annual payments of \$ _____

_____ 1 year _____ 2 years _____ 3 years _____ 4 years _____ 5 years

I wish to receive an annual reminder _____ Yes _____ No

This donation is to be used for (please specify any special considerations for contributions):

All gifts are tax-deductible. If you have questions, please contact the superintendent of schools at (402) 529-3248.

Mail to:

WISNER-PILGER COMMUNITY SCHOOLS FOUNDATION
PO BOX 580
WISNER, NE 68791