



DONOR INFORMATION (Your information is kept confidential.)

Business name _____

Business Street Address _____ City _____ State _____ Zip _____

Contact person _____

Phone _____ E-mail _____

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

Please check if you would like your donation to remain anonymous.

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.