



Yes, I/we want to join the Circle of Giving!

Name(s) as you would like it credited:

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\$5,000     Other Amount \$ \_\_\_\_\_  
(\$5,000 Minimum)

My/Our check is enclosed.

My/Our gift will come from an IRA.

I/We will donate appreciated securities. Please send information on transferring securities.

I/We will request a grant from my WCF DAF.

Please charge to:    Visa    MasterCard    American Express

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Card number

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Exp. Date

CVV #

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Signature

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Name

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Address

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City

State

Zip

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Phone

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E-mail

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I/We wish to give anonymously



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**GIVING TOGETHER**