



DONATION FORM

Donor Information:			
Name:			
Billing Address:			-
City:			-
Home Phone #:	Cell Phone #:		-
Email Address:		_	
Donation Information:			
I (We) pledge to pay a total of: \$			
I (We) plan to make this contribution in the	form of:		
Cash			
Check			
Credit Card: Online donations may be made	on the district website at www	w.easttroy.k12.wi.us / Web Store ((under Quick Links) / Donations.
Other:			_
Acknowledgement Information: Please use the following name(s) in all acknowledgement Information:			
☐I (We) wish to have our gift remain anonymou	us.		
All donors will receive a letter of appreciation an receive recognition by having their names engra			d or Platinum levels will also
	Bronze: Up to \$	\$1,000	
	Silver: \$1,001-\$ Gold: \$5,001-\$		
	Platinum: \$10,000		
		g rights to an area within the innovey ey Kuehn to discuss this option.**	
Signature:		Date:	
For questions regarding donations, please conta			
	·	· ·	Juditi oy IK 12. Wildo.
Checks or other gifts may be made payable to	to: East Troy Community Sc	chool District	
Please complete and mail this form and payr East Troy Community School District	ment to:		
2043 Division St.			
East Troy, WI 53120			

Thank you for your generosity!