

**The Argyle Community Fund-For good. For ever.**

*I am pleased to show my support of the Argyle Community Fund, a component of the Community Foundation of Southern Wisconsin, Inc.*

Please accept this gift of     \$1,000     \$500     \$100     Other\$ \_\_\_\_\_

Payment Method     Cash/Check     MasterCard     Visa Card Number \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Cardholders Name (Please print) \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ (Required for credit card only)

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This gift is made (check one) in  memory of (or)  honor of: \_\_\_\_\_

Please notify: \_\_\_\_\_

\_\_\_\_\_

I would like to pledge \$ \_\_\_\_\_ over \_\_\_\_\_ years. My first gift will be made \_\_\_\_\_ 200\_\_\_\_  
Month

**Please make check payable to the Argyle Community Fund and mail to:  
PO Box 345, Argyle, WI 53504-0345**