

**The New Glarus Community Fund-For good. For ever.**

*I am pleased to show my support of the New Glarus Community Fund, a component of the Community Foundation of Southern Wisconsin by the following commitment:*

Please accept this gift of     \$1000     \$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 New Glarus Community Fund and mail to:  
PO Box 354, New Glarus, WI 53574-0354**