

YES! I'd like to donate to the Confluence Building Fund.

TITLE (Mr., Mrs., Ms., Dr.) NAME(S)	
BUSINESS/ORGANIZATION IF APPLICABLE	
STREET ADDRESS	SUITE/APT
CITY/STATE/ZIP	
BUSINESS PHONE	HOME PHONE
EMAIL	
DONATION ENCLOSED: \$	[make checks payable to: Eau Claire Community Foundation
ONLINE DONATION(S): Please visit: www.comm	nunityfortheconfluence.org/donate
For automatic transfers from a bank account or credi Eau Claire Community Foundation at 715-552-3801 fo	
PLEDGE: I (we) pledge a total of to be pa over the course of: 3 years 4 years 5 year	_
Employer Matching Gifts: My (our) employer will match employee cont Name of employer:	
Legacy Gifts: Send information on how I (we my (our) estate plan.	e) can include the Confluence Building Endowment Fund in
signature acknowledging pledged contribution	DATE
ACKNOWLEDGEMENT:	
I (we) wish this donation to remain anonymo	pus
Please use the following name(s) in all acknowledger	nents:
print names clearly	

MAIL THIS FORM TO:

Eau Claire Community Foundation 306 S. Barstow St. Suite 104, Eau Claire, WI 54701