Donation Summary Form

Please visit our website to pay by credit card.

*If you are fundraising: Due to our small staff, if donating by check, we strongly encourage schools to collect individual donation checks and send WFSS one check.

Donor Name: _____________________________________________________________

Contact Name (for organizations): __________________________________________

Address: ________________________________________________________________

City: __________________________ State: _______ Zip: _________________________

Phone Number: __________________________ Email: _____________________________

If this donation is for the Iron Giraffe Challenge, please check box: ☐

Donation Amount: $___________

Paid by: ☐ Check ☐ Wire ☐ Money Order

If this donation is on behalf of a school/organization, list name here:

________________________________________________________________________

This donation is directed to:

☐ Operating Funds ☐ Capital Equipment Fund ☐ Where needed most

Would you like a tax receipt for this donation? ☐ Yes ☐ No

All donations of $100 and above will automatically be receipted by WFSS.

Would you like to receive WFSS email news? ☐ Yes ☐ No

If this donation is in memory of someone or in honor of someone, and you would like an acknowledgement card sent to this person, please list their name and address. You may also include a personal note.

Honoree Name: __________________________________________________________

Honoree Address: _________________________________________________________

Note: __________________________________________________________________

________________________________________________________________________

________________________________________________________________________