

Lake Belle View Campaign

A crystal clear vision



YES! I want to do my part for Lake Belle View!

Donate *(Contributions are facilitated by the Madison Community Foundation (MCF))*

I would like to pledge: \$ _____

I would like to fulfill the pledge (select one): Monthly Quarterly Annually

Amount per installment \$ _____ (minimum \$20)

Number of Installments: _____

Payments to begin (date): _____ (processed on the 15th or last day of the month)

Paid By (select one):

Electronic Funds Transfer (call MCF for form 1-888-400-7643)

Credit Card: Master Card Visa Discover American Express

Card #: _____

Expiration Date: _____

Name on Card: _____ OR

Enclosed is my gift of: \$ _____ OR

(Checks payable to: MCF / Memo: Lake Belle View)

Give online at: www.lakebellevue.com OR

Please contact me about donating other assets.

Also *(Check all that apply)*

Please keep my gift anonymous

Contact me about how I can volunteer

Add me to your mailing / email list

All contributions are tax deductible to the full extent of the law.

Contact Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Signature: _____

Send to: MCF / P.O. Box 5010 / Madison, WI 53705-0010

Questions: Call Bob Sorge at Madison Community Foundation at 232-1763

Thank You!