



## *Memorials & Tributes Contribution Form*

Donation amount: \_\_\_\_\_

Please check one:  In Memory Of  In Honor Of

Honoree's Name and Occasion: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
(name as it should appear on notification card) \_\_\_\_\_

Mail notification of your gift to: \_\_\_\_\_  
(i.e. family of the departed or person being honored) \_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person completing form: \_\_\_\_\_

Mail receipt for your special contribution to the following address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

The Wisconsin Credit Union Foundation thanks you for acknowledging your family, friends and colleagues through our Memorial/Tribute program. Please send completed form to: WI CU Foundation, 1 East Main Street, Suite 101, Madison, WI 53703.