



# Donation/Pledge Form

4041 N. Richards St. | Milwaukee | WI 53212 | 414-906-2804 | www.cr-sdc.org

*The SD Foundation gratefully acknowledges a cash donation from:*

Donation Date: \_\_\_\_\_ Is this an anonymous donation?  Yes  No

Donor Name: \_\_\_\_\_  
(As you would like it to appear in publications)

Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you learn about the opportunity to donate to the SD Foundation?

\_\_\_\_\_

**I am/We are pledging support in the following area(s):**

- Unrestricted: As Needed Most**
- Restricted** \_\_\_\_\_  
(Name of Program Area)

**Amount enclosed: \$** \_\_\_\_\_  Check  Cash  Money Order  Credit Card

**Credit Card Payment:**  MasterCard  Visa  Discover  American Express

Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Pledge:**

This pledge will begin in (month/year): \_\_\_\_\_

This pledge will be paid at the rate of \$ \_\_\_\_\_ per  year  quarter  month

**Is this donation being made in memory or in honor of someone special? If so, please complete the following:**

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Would you like an Acknowledgement sent to the honoree or family of memorialized?  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*The donor received no goods or services (in whole or in part) in exchange for this contribution.*

## For Office Use Only

Donation Received By: \_\_\_\_\_ Date: \_\_\_\_\_

*The SD Foundation is a organization operating under the nonprofit tax exempt IRS Code 501 (c) (3)  
A copy of this form must be retained by the SD Foundation*