

**SCHOLARSHIP FUND
DONATION FORM**

YES, I/We would like to donate to the WRWA Scholarship Fund. Please accept my contribution to this fund.

NAME _____

AGENCY/ COMPANY (if applicable) _____

ADDRESS _____

Amount of Contribution: _____

(Optional)

This contribution is in honor of:

NAME _____

PLEASE MAKE YOUR CHECK PAYABLE TO:

WRWA Scholarship
(This is a tax-deductible charitable donation)

PLEASE MAIL THIS FORM WITH YOUR CHECK TO:

WRWA Scholarship Fund
350 Water Way
Plover, WI 54467

Please designate: Contribution given to specific Scholarship-Name: _____

Contribution Given to general Scholarship-Fund: _____

THANK YOU for your donation!