Shawano Chamber Foundation, Inc.
1263 S. Main Street
PO Box 38
Shawano WI 54166
(715) 524-2139
chamber@shawano.com

Contribution Commitment Form

The Shawano Chamber Foundation, Inc. is grateful for your support and financial commitment to "Raising the Roof" on the new Shawano Country Visitor and Business Training Center.

I/We pledge a tax-deductible donation of $_____to the Shawano Chamber Foundation, Inc.

Please choose one of the following payment options:

1._____Gift in Full. _____Partial Payment. Enclosed is a check in the amount of $_____
(Please make your check payable to the Shawano Chamber Foundation, Inc.)

2.____Please charge the amount of $_____

____Visa Credit Card Number:_____
____MasterCard Expiration Date:_____
3 digit security number on back of card:_____
Authorizing Signature:_____Date:_____

3.____ Please invoice me.

I/We will honor our pledge as follows:

_____one-year period _____two-year period _____three-year period

$_____to be paid_____(month, year)
$_____to be paid_____(month, year)
$_____to be paid_____(month, year)

I wish my gift to be anonymous_____
Signature

Name_____
(Please print name exactly as you wish your gift to be credited)

Contact Name:_____

Street Address:_____

City, State, Zip:_____

Telephone: (_____)_____Email:_____

For more information please contact
Executive Director Nancy Smith at (715) 524-2139 or nsmith@shawano.com