

Front of Card

Yes! I want to help Preserve the Past and Provide for the Future

My gift of \$ _____ is enclosed. I would like to pledge* \$ _____ .
 * *Minimum pledge amount is \$1,000.*

_____ Total Pledge \$ _____ Enclosed \$ _____
 Name(s) I will pay \$ _____ each quarter per year
 (please print as you would like your name to appear in recognition) for 1 2 3 years.

I prefer my contribution to be anonymous. Date of first payment: _____


_____ Make checks payable to: UNLOCK THE FOX FUND
 Address and send to: Community Foundation
 _____ Unlock the Fox Fund
 City State Zip P.O. Box 563
 _____ Appleton, WI 54912-0563

_____ Email Address (optional) Credit Card payments may be made at cfoxvalley.org

_____ Phone To make a stock or property gift, please call
 _____ (920) 830-1290.

_____ Signature *All contributions are tax-deductable as allowed by law.*
 _____ **THANK YOU FOR YOUR SUPPORT!**

Back of Card





NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

BUSINESS REPLY MAIL
 FIRST-CLASS MAIL PERMIT NO. 61 APPLETON, WI

POSTAGE WILL BE PAID BY ADDRESSEE

UNLOCK THE FOX FUND
 P.O. BOX 2496
 APPLETON, WI 54912

