

**The Elkhorn Community Fund-For good. For ever.**

*I am pleased to show my support of the Elkhorn Community Fund, a component of the Community Foundation of Southern Wisconsin, Inc.*

Please accept this gift of     \$1,000     \$500     \$100     Other\$ \_\_\_\_\_

Payment Method             Cash/Check  MasterCard  Visa Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholders Name (Please print) \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ (Required for credit card only)

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This gift is made (check one) in  memory of (or)  honor of: \_\_\_\_\_

Please notify: \_\_\_\_\_

I would like to pledge \$ \_\_\_\_\_ My first gift will be made \_\_\_\_\_ 200\_\_  
Month

**Please make check payable to the Elkhorn Community Fund and mail to:  
Peoples Bank, 837 N. Wisconsin Street, Elkhorn, WI 53121**