



Donation Form

Donation Amount

Gift Amount: \$ _____

Payment Frequency

_____ Monthly _____ One-time _____ I would like my gift to remain anonymous.

Donor Information

Title: _____

First Name: _____ Last Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone: _____

Email: _____

Payment Information

Cardholder's Name: _____

Credit/Debit Card Number: _____ Security Code: _____

Credit Card Type: _____

Credit Card Expiration: _____

Billing Information

_____ Check if the billing address is the same as the donor information address. Otherwise, please fill out the information below.

Address Line 1: _____

Address Line 2: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Subscribe to our eNewsletter!

_____ Stay up to date on the latest news.

Email: _____

This gift is given in honor or memory of someone special.

In Honor of: _____

In Memory of: _____

Please send a letter to the following person, informing him or her of my (our) gift:

Title: _____
Full Name(s): _____
Address: _____
Country: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

Please tell us how you heard about us:

I am interested in having someone from ADVOCAP contact me. Yes _____

Contact Information: _____

Thank you for your donation! Please mail the completed form to ADVOCAP, Attn: Doug Pearson, 19 W. First Street, Fond du Lac, WI 54936.