



CONTRIBUTION FORM

All contributions are fully tax deductible.

My Information:

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

My Contribution is:

Personal

Corporate

My Contribution Amount:

\$5,000

\$2,500

\$1,000

\$500

\$250

\$100

\$50.00

\$25.00

Other: \$ _____

My Payment Method:

Check

Credit Card

To pay by credit card please complete the following:

Name on Card: _____

Daytime Phone: _____

Billing Address: _____

Billing City, State, Zip: _____

Credit Card #: _____

CSC #: _____

Card Type: VISA MasterCard Discover AmEx Expiration Date: _____

Signature Required: _____

The WBA Foundation's broad goal is to build a sound general endowment for the future while at the same time spending a significant amount of contributions and earnings in the general functional areas of Public Affairs, Historic Preservation and Education. Please take a moment to indicate where you would recommend your contribution be spent. Within the Board's annual goals, every effort will be made to honor your recommendation for allocation of your funds.

Allocation:

___% General Fund Endowment

___% Wis. Museum of Broadcasting

___% Public Affairs Activities

___% Hall of Fame

___% Education

___% Rick Jowett Fellowship

___% Scholarship Fund (restricted to this use)

___% Historic Preservation

The WBA Foundation's Legacy Club honors those who make bequests to the Foundation in their wills. I would like more information on the WBA Foundation's Legacy Club.

Please make checks payable to Wisconsin Broadcasters Association Foundation.
44 E Mifflin Street, Suite 900, Madison, WI 53703