



***I Wish to Make a Gift to Help  
Irvin L. Young Memorial Library for the  
Engaging the Community, Promoting Learning Campaign***

**DONOR INFORMATION**

Name(s): \_\_\_\_\_

Contribution is:  In honor of       In memory of \_\_\_\_\_

I prefer to remain anonymous; please do not list my/our name(s) in any publication.

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**GIFT**

Please indicate the recognition opportunity chosen or any other information in connection with your gift. I wish to have this contribution support:

\_\_\_\_\_

**PAYMENT INFORMATION**

I/We will make a one-time gift/pledge of \$ \_\_\_\_\_

I/We will make pledge payments of \$ \_\_\_\_\_ per year over \_\_\_\_\_ years for a

Total gift of \$ \_\_\_\_\_ *\*\*There is a five (5) year maximum\*\*\**

This gift is for **100 Extraordinary Women**; please list this name to be listed including

IHO/IMO: \_\_\_\_\_

Or use the national 100EW website for credit card payments: <https://100extraordinarywomen.com/>

Please contact me regarding  Transfer of stock  Planned gift

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Checks payable to:**

Whitewater Community Foundation. Please indicate Irvin L. Young Library on the memo line.

**Mail check & form to:**

Whitewater Community Foundation P.O. Box 428 150 W. Main Street Whitewater, WI 53190

***Thank you for your gift to the campaign to renovate and enlarge the library!***

*All gifts are tax deductible to the fullest extent of the law. Gifts will be used specifically for the “Engaging the Community, Promoting Learning” capital campaign for the Irvin L. Young Memorial Library*

For additional information, contact:

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