



## **How YOU Can Help...**

## **Contribution Form**

I/we would like to make a tax-deductible gift of \$	☐ In honor of
to the campaign as follows:	☐ In memory of
☐ Enclosed One-Time Gift	☐ Name (s) you wish to be recognized
(Please make checks payable to Holmen Area Community Center)	
☐ Pledge payable over ☐ 1 year ☐ 2 years ☐ 3 years	☐ I/we do not wish to be recognized
I have enclosed \$ toward my pledge.	☐ Please contact me regarding special naming/recognit
Please bill me ☐ quarterly ☐ annually beginning (date)	☐ Please contact me to discuss how my company/foun
for the remainder. (a minimum of \$300 is required for a 3-year pledge)	involved
☐ My company has a "Matching Gift" program	Thank you for your generous contribution! The Holmen A Center is a 501 (c) (3) organization. Gifts to HACC are ful
Please enclose "Matching Gift" program form	subject to the limitation placed on charitable gifts by the Service.
Name:	Please Mail Pledges to:
Address:	Holmen Area Community Center
Phone: Date:	PO Box 394
	Holmen Wi 54636

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Thank you for your generous contribution! The Holmen Area Community Center is a 501 (c) (3) organization. Gifts to HACC are fully tax deductible, subject to the limitation placed on charitable gifts by the Internal Revenue Service.
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## Donate Online! www.holmencc.org





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