



How YOU Can Help...

Contribution Form

I/we would like to make a tax-deductible gift of \$ _____ to the campaign as follows:

Enclosed One-Time Gift

(Please make checks payable to Holmen Area Community Center)

Pledge payable over 1 year 2 years 3 years

I have enclosed \$ _____ toward my pledge.

Please bill me quarterly annually beginning (date) _____ for the remainder. (a minimum of \$300 is required for a 3-year pledge)

My company has a "Matching Gift" program

Please enclose "Matching Gift" program form

Name: _____

Address: _____

Phone: _____ Date: _____

Donate Online! www.holmenc.org

My contribution is

In honor of _____

In memory of _____

Name (s) you wish to be recognized _____

I/we do not wish to be recognized

Please contact me regarding special naming/recognition opportunities

Please contact me to discuss how my company/foundation can get involved

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.

Please Mail Pledges to:

**Holmen Area Community Center
PO Box 394
Holmen Wi 54636**



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