

# YES

**I/we want to help continue the mission of the Community Center**



By Volunerring my time. Please contact me.

Check enclosed payable to NWCC in the amount of \$ \_\_\_\_\_

Charge my gift of \$ \_\_\_\_\_ to my  Visa  Mastercard

Credit Card#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Bill my gift of \$ \_\_\_\_\_

Annually for a period of  2yrs  3yrs or  Quarterly  Monthly

My gift is given in  honor of  in memory of \_\_\_\_\_

Please notify the following of my donation

Name: \_\_\_\_\_

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

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

## CONTRIBUTION PLANS

Supporter \$50

Friend \$100

Bronze Donor \$1,000

Silver Donor \$2,500

Gold Donor \$5,000

Platinum Donor \$10,000

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

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

City: \_\_\_\_\_

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

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

Please check here if any of the above information has changed recently.

**Thank you for supporting the North Webster Community Center!**