

**I (We) will...
Make a Splash**



I (we) wish to pledge a gift of: \$

Enclosed is my gift of: \$

Please complete the following:

Pledge Duration:

Please bill me/us

Please send us reminders:

Date Installment Begins:

Yes

Monthly

(up to 3 years)

No

Quarterly

Annually

Name:

Address:

City/State/Zip:

E-mail:

Phone:

My Gift is in memory/honor of:

Please make my gift known to:

Name:

Address:

City/State/Zip:

Gifts are tax deductible as allowed by law.

Please make checks payable to:

Manitowoc Family Aquatic Center

Mail pledge or gift to:

Friends of the Manitowoc Family Aquatic Center

930 North 18th Street

Manitowoc, WI 54220

**For more Information,
contact the campaign coordinator at 920-652-1155**