EDWARD H. WOLF
SCHLEISINGERVILLE TO SLINGER
EST. 1869
HISTORICAL MUSEUM

PAVILION EXPANSION

— BUILDING ON OUR PAST —

PLEDGE FORM

Name: _____

Business Name: _____
(if corporate gift)

Address: _____

Email: _____

Phone #: _____ EIN Number : 84-3987268

DONATION AMOUNT

☐ $25,000 ☐ $10,000 ☐ $5,000 ☐ $2,500 ☐ $1,000 ☐ $500 ☐ $ Other _____

METHOD

☐ Cash (Enclosed) ☐ Check (Enclosed) Make Checks Payable To SSHM

☐ Credit Card (Circle One: Visa MC AMEX Discover)

Card Number _____ Exp Date: _____ Security Code _____

Name on Card _____ Zip Code _____

☐ Stock, RMD, or QCD (A representative of SSHM will contact you)

DONOR RECOGNITION

☐ Name(s) to be used in all acknowledgements _____

☐ Wish to remain anonymous

☐ Matching Gift: Gift will be matched By: _____

☐ I am Interested in Naming Rights (A representative of SSHM will contact you)

DONOR SIGNATURE

Name _____ Date _____

CONTACT INFORMATION

SSHM
PO Box 69
414 Kettle Moraine Dr. S
Slinger, WI 53086

QUESTIONS

President: Tom Lehn
Call: 262-305-6101
Email: history@slingermuseum.org
Web: www.slingermuseum.org