



PWDCA REMEMBRANCE FUND

A Gift in Tribute

I am enclosing a gift in honor or in memory of a friend or pet.

My gift amount is \$ _____

My Name _____

Address _____

City _____ State _____ Zip _____

Telephone # (____) _____ Email _____

Enclosed is my check _____ or money order _____, payable to the PWDCA Remembrance Fund

I designate my donation be applied to:

_____ Research Fund

_____ PWDCA General Health Fund

This gift is:

_____ In memory of _____

_____ In honor of _____

The occasion is _____

Please send notification of this gift to:

Name _____

Address _____

City _____ State _____ Zip _____

Send it with your donation to:
Angela Rogerson, Chairman
2106 20th Avenue
Monroe, WI 53566-3425

608-214-2079
angelamrogerson@gmail.com