

## I WANT TO BUILD A BETTER MUKWONAGO

Enclosed is my gift of \$	payable to Freinds of Mukwonago Athletics
Name	
Address	
City State	Zip
email	
My gift is in honor/memory of	
Please do not list my name on donor recognitions	
I would like to give in installments of \$	to be paid:
Monthly Quarterly Annually Beginning date	e
Please contact me for my credit card information at	PHONE NUMBER
Please return this form along with your gift.	
Gifts to the FOMA are tax deductible as allowed by law.	

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