



## **Contribution Form**

	☐ Individual ☐ Lie		☐ Corporation / Foundation		
Donor Name					
Club			District		
Street Address					
City			State	Zip	
Telephone:		E-mail Address:			
In e	entering into this campai	gn, I elect the following op	tion for the pa	yment of the com	mitment:
Total Gift Pledged \$		Paid Now \$	Balance \$		
Payments will b	pe made: Annu	allyQuarterly	Sen	ni-Annually	Other
Payments will b	be made within:Ye	ars (a maximum of three years	is requested)		
Please send rem	ninders:Yes	Not Necessary			
Signed:			_ Date:		
Please make c	hecks payable to: <b>Restor</b>	ing Hope Transplant Ho	use		
370	dleton Lions Club 1 Mandimus Ct. dleton, WI 53562				
		Honorarium/Memorial	Information		
This g Nam	gift is made in Honor / Memone	ory of: (Circle one)			
Nan	se send acknowledgement ne Iress	to:			

Restoring Hope Transplant House is a nonprofit 501(C)3 organization. The RHTH federal identification number is 20-4786829. Please consult your tax advisor as to the deductibility of your donations.