

DONATION FORM

YES, I WILL DONATE TO HELP RAISE MONEY FOR THE TWIN
COUNTIES FREE CLINIC AND
THE CHAMBER OF COMMERCE'S FOUNDATION
SCHOLARSHIPS:

| | |
|---------------------|-----------------------|
| <i>"SNOW BANK"</i> | \$1,000.00 AND ABOVE |
| <i>"SNOW STORM"</i> | \$ 500.00 - \$ 900.00 |
| <i>"SNOW FLAKE"</i> | \$ 250.00 - \$ 499.00 |
| <i>"SNOW DRIFT"</i> | \$ 100.00 - \$ 249.00 |
| <i>"SNOW BALL"</i> | Amount (other than) |

NAME/COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE: _____ AMOUNT: _____

CHECK ENCLOSED ()

INVOICE ()

Payable to: Marinette Menominee Area Chamber of Commerce Foundation
601 Marinette Ave., Marinette Wisconsin 54143