



**Wyoming
Employees
Community
Outreach**

W.E.C.O.

Donation Form

Please make checks payable to:
WECO

Mail to:
WECO, Attn: Traci Shaffer
1155 28th ST SW
PO Box 905
Wyoming MI 49509-0905

Name _____

Mailing address _____

City _____

State _____

ZIP Code _____

Telephone (____) ____ - _____

Donation Information

I (we) pledge a total of \$_____ to be paid: ____ now ____ monthly
____ quarterly ____ yearly.

I (we) plan to make this contribution in the form of: ____ cash ____ check

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

____ I (we) wish to have our gift remain anonymous.

Signature(s): _____

_____ Date: _____

Would you like us to mail you a receipt? ____ Yes ____ No, it's not necessary.

THANK YOU FOR MAKING A DIFFERENCE IN A CHILD'S LIFE!