

*I/we want to make a memorial gift to the
WREA Foundation in honor of*

_____ in the amount of \$_____.

Your Name(s)_____

Organization (if appropriate)_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Payment Option Check to WREA Foundation enclosed VISA/Mastercard

Amount Charged/Enclosed \$_____

Card # _____ Exp. Date_____

Signature_____

If you would like us to notify the family of your gift, please provide the information below:

Family Name_____

Address_____

City_____ State_____ Zip_____

Mail this form with your payment to
The WREA Foundation, 6405 Century Ave., Suite 201, Middleton, WI 53562