

2019 Wamego Match Day Donation Form

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| For Office Use Only: Check #: _____ Cash Receipt: _____ Credit Card: _____ |
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DONOR NAME(S) _____

PHONE # _____ *EMAIL (Required to receive electronic receipt) _____

STREET ADDRESS _____ CITY/ST/ZIP _____

WCF publishes donor names on our website. Please check here if you wish to remain anonymous: _____

*Indicate e-mail address above to receive an electronic gift acknowledgment for tax purposes. We do not share e-mail addresses.

Please write donation amount on line next to each fund giving to. Gifts between \$25 & \$2,000 per agency will be matched by 50% (up to a maximum of \$2,000 match per organization) until the \$50,000 in match money is depleted.

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| _____ Boys & Girls Club of Manhattan | _____ Community Health Ministry |
| _____ Crisis Center | _____ Fire Department Auxiliary |
| _____ Flint Hills Regional Council | _____ Job Olympics |
| _____ Kansas Courage to Teach & Lead | _____ Kansas Honor Flight - Wamego High School |
| _____ Konza United Way | _____ Mount Mitchell Prairie Guards |
| _____ Oz Museum | _____ Pawnee Mental Health Services, Inc. |
| _____ Paws of Oz Dog Park | _____ Red Raider Gridiron Club |
| _____ Ruby Slippers | _____ Running for Others |
| _____ St. John Lutheran School | _____ Sunflower CASA Project, Inc. |
| _____ The Columbian Theatre | _____ Train Enhancement Project |
| _____ USD 320 Foundation | _____ USD 320 Tuition Assistance Program |
| _____ Wamego Area Senior Citizens Association | _____ Wamego Area Veterans Memorial |
| _____ Wamego Area Youth Golf Foundation | _____ Wamego Attraction Development & Improvement |
| _____ Wamego Community Garden | _____ Wamego Historical Society |
| _____ Wamego Hospital Foundation | _____ Wamego Indoor Pool |
| _____ Wamego Kiwanis | _____ Wamego Public Library |
| _____ WamSagMan Trail | _____ WCF We Are Wamego |
| _____ Whitney's Warriors & Nora's Angels | |
| _____ SUB-TOTAL (Row 1) | _____ SUB-TOTAL (Row 2) |

If paying by check, please write **ONE CHECK made out to WCF for the TOTAL** amount of your donation.
 TOTAL DONATION (Row 1 + Row 2): \$ _____

- If paying with Credit Card at the event, please proceed to donation table.
- If paying online from a remote location visit WamegoMatchDay.com to complete your transaction.
- If you provide email address, all gifts will receive an electronic gift acknowledgment for tax purposes.