



Contribution Form

Please print, complete and mail this form along with your check or credit card number to:

Hortonville Area Education Foundation

PO Box 216

Hortonville WI 54944

(920) 779-7900

Name: _____

Address: _____

City/Zip Code: _____

Phone Number: _____

Email Address: _____

Matching Gift Company: _____

Contribution Levels:

Level	Amount of Your Support
\$1 - \$249 - Cub	
\$250 - \$499 - Polar Bear	
\$500 - \$999 - Gold	
\$1,000 - \$4,999 - Platinum	
\$5,000 - \$9,999 - Patron	
\$10,000 + Angel	

Payment Information:

Check Enclosed (Make payable to Hortonville Area Education Foundation)

Paying with Credit Card

One time give of \$ _____

Name on Card _____

Type of Card _____

Credit Card Number _____

Expiration Date _____

Card Holder Signature _____

The Hortonville Area Education Foundation will NOT make any information regarding our supporters available to any other organizations!