



VIROQUA BATHHOUSE
WELCOME CENTER



PLEDGE FORM

PERSONAL INFORMATION :

NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

FINANCIAL COMMITMENT:

Total Pledge Amount \$ _____

Length of Pledge: Three Years

This contribution is tax deductible.

Payment Schedule: I/we will make (Select One):

Annual Payments of \$ _____ every year for three years starting in 2024

A single payment of \$ _____ which I/we will make by _____, 2024 (date)

COMMITMENT FORMS MAY BE FORWARDED AS FOLLOWS:

VIA MAIL:

VIROQUA WELCOME CENTER PROJECT
542 W. MAPLE ST. VIROQUA, WI 54665

OR SCAN - EMAIL TO:

info@ViroquaBathhouseWelcomeCenter.org

SIGN:

Date:

