



Donation Form

Yes! I want to support The Wescoe Community Fund, Inc., a tax deductible 501(c)3 non-profit organization. All funds will directly fund our mission of raising awareness for Idiopathic Pulmonary Fibrosis and advocate for health and fitness in our community.

Enclosed is my contribution for: \$500 \$250 \$100 \$50 \$25
 Other: _____

Please use my gift:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

This gift is:

In memory of (name): _____

In honor of (occasion): _____

* **In Memoriam** - A memorial gift is a personal remembrance that honors the life of a friend, relative or colleague.

* **In Honor Of** - This provides a meaningful tribute for a living friend, relative or colleague by honoring a special occasion such as a birthday, anniversary or holiday.

Please notify the following person:

(amount of gift will not be included)

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____

BRING THIS FORM AND YOUR FINANCIAL CONTRIBUTION TO THE WESCOE WALK TO BE FORWARDED, or MAIL TO:

WescOE Community Fund, Inc. .P.O. Box 124-0124, Coopersburg, PA 18036

More information: www.wescoecomunityfund.org; info@wescoecomunityfund.org; 484.553.6340

Thank you for your generous support!