



Wisconsin Garden Club Federation

Memorial* Donation

Date _____

Name of Honoree _____

Name for Acknowledgement _____

Address _____

City _____ State _____ Zip _____

Given by: _____

Garden Club/District _____

Address _____

Please designate this donation to: (Please check one box)

- WGCF Scholarship fund at the Community Foundation of the Fox River Valley Region – for college students**
- WGCF Ruth West Continuing Education fund, held internally, to benefit WGCF members attending WGCF sponsored schools, symposia or refreshers**

Please complete this form and send with a check written to WGCF - designate "Memorial" on memo line. Please send to current WGCF Memorials Chair as indicated in the WGCF Directory.

*Funds derived from Memorials support Wisconsin Scholarships or the WGCF Ruth West Continuing Education Fund. Memorials honor any deceased member or friend of the Wisconsin Garden Club Federation. For more information, please contact the WGCF Memorials Chair.

For Office Use Only

Donation received _____ By _____

Date Memorial acknowledged _____