



WROF Mail-In Contribution Form

Please complete this form and, along with your gift (payable to WROF, Inc.), and mail it to:

Wisconsin Rural Opportunities Foundation, Inc
PO Box 46522
Madison, WI 53744
608-535-9763
info@wrof.org

General Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Questions/Comments: _____

Donation Amount

- \$25 \$50
 \$100 \$500
 \$1,000 Other amount

I would like to make this a monthly gift and become a Rural Guardian.

Please charge my credit card.

Name as it appears on Card _____

Credit Card Number _____

Expiration Date _____ 3 Digit Security Code _____

Signature _____

I would like to talk to someone about making a planned gift to the WROF, Inc.

Additional Information

Yes, I received a WROF scholarship(s) in _____ year(s).

Educational program/institution:

Please visit www.wrof.org/share-your-story today and tell us about your experience!