



I want to support Chileda by donating the total sum of \$ _____ over a period of five years.

I would like to make monthly payments of \$ _____ .

I would like to make quarterly payments of \$ _____ .*

I would like to make semi-annual payments of \$ _____ .*

I would like to make annual payments of \$ _____ .*

*Month(s) in which you would like to make payment(s).

I would like to make a one time donation of \$ _____ .

It is understood that this statement of intent is not legally binding on my estate or me should I need to modify or cancel it in the event of unforeseen circumstances.

PLEASE PRINT AND SEND TO: CHILEDATA FOUNDATION
1825 VICTORY STREET
LA CROSSE, WI 54601

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Signature _____