



**WALKER AREA COMMUNITY CENTER
DONATION / PLEDGE FORM**

My total pledge payable over three years is: _____

Enclosed is a check for: _____

I will pay my remaining pledge balance at a rate of: _____

per month - quarter - year beginning on: _____

Business: *(if applicable)* _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Residence Telephone: _____ Business Telephone: _____

Fax: _____ Email Address: _____

Donor Signature: _____

Date: _____

X

Thank You!

Please Make checks payable to:

WALKER AREA COMMUNITY CENTER
PO BOX 327
WALKER, MN 56484