

My Investment in Wisconsin Family Council

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____ Email: _____

Enclosed is my investment in Wisconsin Family Council

Gifts invested in the work of WFC are tax-deductible.

____ Enclosed is my check.

____ I want to become an ongoing monthly Faithful Friend. Please charge my credit card below for an automatic MONTHLY investment of \$ _____ on the ____ day of each month.

____ I want to make a one-time investment now using my credit card (*please complete form below*).

____ **\$30** ____ **\$60** ____ **\$100** ____ **\$250** ____ **\$500** ____ **\$1,000** **Other: \$ _____**

Please Circle One: *VISA* *MasterCard* *Discover*

Name on Card: _____ CVV#: _____

Card #: _____ Exp. ____/____

Home Phone: _____ Cell Phone: _____

Email: _____

Comments/Prayer Requests: _____

WISCONSIN FAMILY COUNCIL

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