



P.O. Box 294
Wrightstown, WI 54180

Executivedirector@onewrightstown.org or
Giving@onewrightstown.org

OneWrightstown.org

I want to donate to help support the basic needs of students of the Wrightstown Community School District in the amount of:

\$25

\$50

\$100

\$200

Other Amount: \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

PAYMENT METHOD

Choose a payment method:

CASH

CHECK

Please make checks payable to:
One Wrightstown

Does your employer match?

NO

YES

Please enclose form along with this

Printed Name: _____

Signature: _____

Date: _____



Send form to:

One Wrightstown
P.O. Box 294
Wrightstown WI, 54180

or

Giving@onewrightstown.org