



Please help support our mission with your investment in the future of our children.

Walbridge School Contribution

I support Walbridge School with this gift.

Name(s) _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Affiliation: Alumni Current Parent Former Parent Business
 Current Grandparent Former Grandparent Friend

Gift Purpose: Annual Fund Memorial Unrestricted Fund Other: _____

Gift Amount:

\$100 \$250 \$500

\$1000 \$2000 \$5000

Other: \$ _____

My employer will match this gift. *(Information enclosed)*

Signature _____

Date _____

Please return with your gift to:

Walbridge School
7035 Old Sauk Road
Madison, WI 53717