



WELLSPRING 2009/2010 ANNUAL FUND CAMPAIGN

Please make checks payable to:
WELLSPRING
359 S. Kalamazoo Mall, Ste. 204
Kalamazoo, MI 49007
Thank you very much!

\$1,000+ Choreographers Circle

\$500-999 Benefactor

\$250-499 Patron

\$100-249 Sustaining

\$25-99 Friend

Other

Amount enclosed: \$ _____

Name(s) as you would like to be listed in our program

_____ Check here if you wish to remain anonymous

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check enclosed Bill me Credit card: Visa MasterCard Discover CC# _____-_____-_____-_____ Exp date: _____

Please charge installment payments to my credit card in the amount of \$_____ Monthly Bi-monthly Bi-annually 3-digit sec. code: _____

My employer, _____, will match my gift. Enclosed are matching gift forms.

I would like to give a gift to the Endowment Campaign in honor of Wellspring's 30th Anniversary in the amount of \$_____