

# Donate to Social Current

## Donor Information\*

I am giving as ☐ an individual ☐ an organization  
☐ I wish to remain anonymous

### For Individuals

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### For Organizations

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Top Executive's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Your Name if different: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Your Email: \_\_\_\_\_  
Your Phone: \_\_\_\_\_

## Gift Information\*

I wish to make ☐ a gift ☐ a pledge ☐ a pledge payment

This donation is ☐ one-time ☐ recurring monthly  
☐ recurring annually

**Amount:** Your donation will be applied to the current year. Please use Special Instructions to note pledges for next year or payments for last year.

**Please use my donation as follows:**

☐ Where the need is greatest  
☐ Other: \_\_\_\_\_

## Tribute Information

**My donation is**

☐ In honor of: \_\_\_\_\_  
☐ In memory of: \_\_\_\_\_

Please include the name, mailing address and email address of the person who should receive notice of your tribute gift under Special Instructions. The gift amount will remain confidential.

## Payment Information\*

### Check

Please make check payable to: Social Current  
Mail to: Social Current; P.O. Box 3493;  
Sturtevant, WI 53177

### Credit card

☐ MasterCard ☐ Visa ☐ American Express

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_

Security code: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

*You may also pay by phone or ACH. See the [Social Current](#) website for details.*

## Matching Gift

☐ The gift will be matched by my company, I have enclosed my company's form

## Special Instructions

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## Signature and Date\*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Asterisk indicates required information.  
Gifts are tax deductible as allowed by law.

