

Kewaskum Fitness Center
Donation Form

Name _____

Address _____

City _____ State _____ Zip _____

Donation Level: Gold (\$500)* Silver (\$250) Bronze (\$100) Other _____

This is a memorial gift in honor of the following individual: _____

Please make checks payable to "Kewaskum School District" and send to:

Kewaskum Fitness Center

P.O. Box 564

Kewaskum, WI 53040

* A \$500 donation includes a transferable one-year family membership.