



Western Norman Community Fund

Enclosed is my tax-deductible gift of:

_____ \$5,000 _____ \$2,500 _____ \$1,000 _____ \$500 _____ \$250
_____ \$100 _____ \$50 _____ \$25 Other \$ _____

Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Please make checks payable to NMF – Western Norman Community Fund

**Mail donation and this form to:
Western Norman Community Fund
PO Box 211
Halstad, MN 56548**

**OR make a gift online at www.nwmf.org, Give Now and then look for
Western Norman Community Fund or use the QR code at the bottom of the page.**

This donation is to be recognized as: _____ Anonymous _____ From the donor noted above

_____ In honor of _____

_____ In memory of _____

