



WISCONSIN  
MICROFINANCE

## Cash and Check Donation Form

Donor Name: \_\_\_\_\_

Donation Amount \_\_\_\_\_

Email: \_\_\_\_\_

Donation Date \_\_\_\_\_

### *Optional*

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donation memo: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your contribution to Wisconsin Microfinance. Together, we are empowering and uplifting Haitian and Filipino Entrepreneurs.