



My gift to The Fox Point-Bayside Educational Foundation, Inc. for this year is enclosed.

\$25 \$50 \$100 \$250 \$500 \$1000  
\$ \_\_\_\_\_

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

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

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

Please recognize my gift to the name or family specified below:

OR

I wish to make this gift anonymously.

**I am making my gift by:**

Check (payable to The Fox Point-Bayside Educational Foundation, Inc.

Visa

MasterCard

ACCOUNT NUMBER

EXPIRATION DATE

Signature Panel No. (3 digit number on back) \_\_\_\_\_

SIGNATURE

*Are you eligible for a corporate matching gift? Please enclose the company's matching gift form.*

**Questions?** Contact Carla Mueller at (414) 247-4167  
Fox Point-Bayside Educational Foundation, Inc.  
7300 N. Lombardy Road  
Fox Point, WI 53217