



ZONTA
MADISON
FOUNDATION

**Zonta Madison Foundation, Inc.
Donation Form**

Donor Name: _____ Date: _____

This donation is in HONOR or MEMORY or CELEBRATION OF: (Circle One)

Name: _____

Please notify the following of the gift. Name: _____

Mailing Address: _____

A. Unrestricted Donation – Used by Foundation for greatest need. \$ _____

B. Restricted Donations:

1. Education Support Award Madison College \$ _____

2. Young Women in Public Affairs Scholarship \$ _____

3. Jane M Klausman Women in Business Scholarship \$ _____

4. Francis Schultz Memorial Nursing Scholarship (FSMNS) \$ _____

5. Women in STEM Scholarship \$ _____

6. ZMF Investment Fund (dividends support scholarships) \$ _____

7. Bev Duncan Memorial Little Library Fund \$ _____

8. Other: _____ \$ _____

TOTAL AMOUNT PLEDGED \$ _____

AMOUNT PAID \$ _____

BALANCE DUE \$ _____

Signature: _____

Please make checks out to: Zonta Madison Foundation, Inc.

Mail to: Zonta Madison Foundation Treasurer, P.O. Box 14603, Madison, WI. 53708-0603