

MY CONTRIBUTION TO THE NORTH POINT LIGHTHOUSE

Please accept my tax deductible contribution as follows:

1. Annual Campaign in the amount of \$ _____ 2. The Final Fifty Donation \$ _____

3. North Point Light House Friends Membership. Category _____ Amount \$ _____

Membership Categories. Individual-\$35 • Family-\$50 • Keeper-\$100 • Benefactor-\$500 • Beacon-\$1000

Total Contribution \$ _____

To be fulfilled by :

Check Enclosed. Payable to North Point Lighthouse Friends, Inc

Charge to my _____ Mastercard _____ Visa

Cardholder name (please print) _____

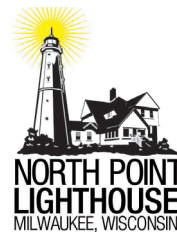
Account number _____ Exp. date _____

Donor name(s) _____ Signature _____

Address _____ City _____ State _____ Zip _____

Email address _____

In an effort to reduce our printing and mailing costs we would like your permission to email you further communications and updates. ___ yes ___ no



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