



2331 East Lourdes Drive
Appleton, WI 54915
(920) 939-3088

Your donation provides programs, activities, and services for adults over age 55.
Please make your checks payable to **Thompson Center on Lourdes**

Donor Name(s): _____

Address _____

City, State, Zip _____

Telephone _____

Email _____

Remembrance Gifts

- In Honor of In Memory of Other

Person(s) recognized: _____

Send acknowledgement of gift to (name and address) :

(amount of gift not included in acknowledgement letter)

We are a 501(c)(3) non-profit organization. Your donation will be fully deductible as allowed by tax law.

- Please send me information about the ways to help the Thompson Center financially.
 The Thompson Center on Lourdes is already in my will.

Amount of gift or pledge:

- \$5,000 \$2500 \$1000 \$500 \$250 Other \$ _____

Yes, my employer matches my gift and I have enclosed my matching gift form.

Check enclosed

YOUR GIFT WILL BE MATCHED BY MARY BETH NIENHAUS UP TO \$50,000 for TCoL