



I/We want to provide new skating opportunities for kids of all ages!

DONOR INFORMATION

Donor Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

All contributions over \$1,000 will be recognized on the donor Recognition Wall.

☐ This gift should be listed as:

☐ I/We wish to remain anonymous

NAMING OPPORTUNITY

I wish to have this contribution support: (Please indicate the recognition opportunity chosen or any other information in connection with your gift, (e.g. Team Bench) _____

PAYMENT INFORMATION

☐ I/We will make a one-time gift of ☐\$500 ☐\$1,000 ☐\$2,500 ☐\$5,000 ☐\$ _____

☐ Enclosed -or- ☐ To be paid on _____

☐ I/We will make pledge payments of \$_____ per year over _____ years (5 years maximum) for a total gift of \$_____

☐ First pledge payment enclosed -or- ☐ First pledge payment will be made in 2023 on _____

Checks payable to: **I.C.E., Inc.**
Mail to: **P.O. Box 930367**
Verona, WI 53593
Attn: Rink for all Ages

-or-

☐ I/We prefer electronic transfer - Please see Automated Clearing House Form (ACH)

☐ Please contact me regarding ☐ a transfer of stock or ☐ a planned gift.

For additional information:

Contact Joel Marshall or Mike O'Brien at verona.iceinc@gmail.com

Signature (required) _____

THANK YOU FOR YOUR GIFT

I.C.E., Inc. is a 501(c)(3) organization. Your gift is tax deductible to the fullest extent of the law, as you have received no benefit of goods or services.

Check with your accountant for complete information on the deductibility of your gift.

An acknowledgment of your generous gift will be mailed to you.