



FORT WINNEBAGO SURGEONS QUARTERS DONATION FORM

Fort Winnebago Surgeons Quarters (FWSQ) is a nonprofit organization owned and operated by Wisconsin Society Daughters of the American Revolution. FWSQ relies on the generosity of donors to help fulfill its mission of promoting and preserving this unique Wisconsin historic site for the enjoyment and educational enrichment of future generations.

One-Time Donor

You may choose to make a one-time only donation in any amount to FWSQ. If you choose to donate \$50 or more, you will automatically be considered a member of the Friends of FWSQ. Being a Friend means you receive exclusive invites to Friends-only special events, an annual entry pass to FWSQ, a discounted rate when shopping in the FWSQ gift shop, and a small thank you gift.

Please make your check payable to "Fort Winnebago Surgeons Quarters." Return this form and donation to:

Sandra Snow, FWSQ Treasurer
S4352 Fox Hill Circle
Baraboo, WI 53913-9151

Become a Sustaining Member

To become a sustaining donor (billed once per month for a period of 12 months), go to our website at: www.fortwinnebagosurgeonsquarters.org/donate. From there, click on "Become a Sustaining Donor" and fill in the online form. You will then be taken to PayPal to complete your sustaining donation. *Please note:* In order for FWSQ to bill your debit or credit card monthly in PayPal, you will be required to log in to your existing PayPal account or create a *free* PayPal account. If you have any questions, please contact FWSQ Treasurer Sandra Snow at fwsqtreas@yahoo.com.

Thank you for your donation! Your generosity and support of FWSQ is so greatly appreciated!

First & Last Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Email: _____

Are you a member of the Wisconsin Society Daughters of the American Revolution? Yes No

DAR National #: _____ WSDAR Chapter: _____

I am making a **one-time donation** in the amount of \$_____.

Check enclosed

Please charge my debit/credit card:

Name on Card: _____

Card Type (e.g., Visa, Mastercard, etc.): _____ Expiration (MM/YY): ____ / ____

Card #: _____ CVV # (3-digit code on back): _____

If your billing address differs from your mailing address, please write it on the reverse side of this form.

By signing below you authorize a FWSQ representative to bill your debit/credit card for the amount indicated above. You will receive an email confirmation from FWSQ and PayPal once the payment has been processed.

Signature: _____ Date: _____