

Donate:

YOUR GIFT

Name (print): _____

Address _____

City, State, Zip _____

We/I wish to make a TOTAL Gift of

\$ _____

Over a Period of (Please check one)

Lump Sum _____

1 year _____

2 years _____

3 Years _____

Balance to be paid as follows:

Monthly _____ Quarterly _____

Semi Annually _____ Annually _____

All donations are tax deductible.

Signed: _____

Date: _____

Please Make checks Payable To:

Five Island Trail
P.O. Box 166
Emmetsburg, IA 50536

Thank You for your Support!