

**YES! I WANT TO HELP.**

Enclosed is a gift of \$ \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Email address (contact information is never sold or shared)

- I have included the Adult Learning Center in my will.
- I would like to learn more about planned giving
- I have books to contribute to the Annual Book Sale. Please contact me.
- I would like information about volunteering. Please contact me.
- This gift is made in honor / memory (please circle one) of:  
\_\_\_\_\_

Please notify: \_\_\_\_\_

- A matching gift form is enclosed from my and/or spouse's employer.



*Please mail to:*

1916 North 4th Street  
Milwaukee, WI 53212  
Phone: 414.263.5874  
[www.alcmilwaukee.org](http://www.alcmilwaukee.org)

Make checks payable to:  
Adult Learning Center

*Thank you!*