



## WOLFE CENTER

2310 First Street  
Napa, CA 94559  
Phone: 707. 255.1855  
Fax: 707. 255.5621

### CONTRIBUTION FORM

DONOR'S NAME (as to appear for donor recognition)

Address:

City, State, Zip:

Phone #:

Email:

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I/We would like to make a gift in the amount of \$\_\_\_\_\_.

My/Our gift to Wolfe Center will be paid as follows:

Check (Payable to Wolfe Center)

Cash

Gift In Kind

**Please recognize this gift:**     In Memory of         In Honor of

Honor/Memorial Name: \_\_\_\_\_

Family members of those recognized in honor/memory of will be notified of this gift. Please include the name and address of family member to notify.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please send me information on:

Becoming a volunteer for Wolfe Center     Remembering Wolfe Center in my will