Thank You for Your Donation

Join us in preserving the legacy of TOPS for generations to come. Our work is possible due to grateful members like you. A pin will be sent for gifts of $100 or more.

Contribution from: *(check one only)* ☐ Individual ☐ Chapter _____
☐ Corporate ☐ Private Foundation ☐ Other_____

Choose your preferred fund*: *(check one only)*
☐ Health and Wellness ☐ Research ☐ The Esther Manz Education Center
☐ Retreats ☐ Retreat Scholarships ☐ TOPS Member Recognition

Donors gifting $1,000 or more will be recognized on the TOPS Heritage Society wall at Headquarters at these levels:

$100,000 and above	Founder's Circle
$10,000 and above	President's Circle
$1,000 and above	Board Circle

Contact engagement@tops.org for inquiries on Heritage Gifts and Planned Giving through our TOPS Heritage Society.

Discover the many ways you can make a meaningful impact. Learn more about our funds at: www.tops.org/support-tops

Ways to give

TOPS accepts gifts via credit card, money order or a personal, business or chapter check.

Gift amount: $_____

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☐ Attached is money order/check #: _____
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Make check or money order payable to:
TOPS Club, Inc.

Mail or fax to:
TOPS Club, Inc. - ATTN: Donations
PO Box 070360
4575 South Fifth St.
Milwaukee, WI 53207

Fax: 414-482-1655
Phone: 414-482-4620
donate@tops.org

Recognition

TOPS Club, Inc. is a 501(c)(3) nonprofit in the United States, and your gift is tax deductible. Help us make your gift go further by providing your email below so we may send your receipt electronically.

Email my receipt to: _____
Facilitator's Name: _____
(if applicable)

TOPS Club recognizes donations in our membership magazine. Please indicate your preference:
☐ Recognize me/us as listed below.
☐ I/we would prefer to remain anonymous.

Please display my/our recognition as follows (PRINT FOR LEGIBILITY):

Name(s): _____

_____
Chapter Name: TOPS_____
(if applicable)

☐ In honor of _____

☐ In memory of _____

If you'd like us to notify the family of the deceased about this contribution, please provide their contact information:

Name: _____
Street address or P.O. Box:

_____
City, State/Province & ZIP/Postal Code:

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*Donor recommendations for use of contributions are accepted as unrestricted gifts for accounting and legal purposes.

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