



Holstein Foundation Contribution Form

Please print this form, fill it out completely, and enclose it with your contribution to the Holstein Foundation.

Full name, as you would like to be recognized for your gift:

Address _____

City _____ State _____ Zip Code _____

Preferred Phone Number _____ ☐ Home ☐ Mobile ☐ Office

Preferred Email Address _____

I would like to make a ☐ one-time or ☐ monthly donation to the Holstein Foundation,
in the amount of \$ _____ for a period of _____ months.

I would like my gift to be:

☐ unrestricted for use where it is needed most

☐ restricted to a certain program: _____

☐ a memorial gift in memory of: _____
(A note will be sent to the family, notifying them of your gift.)

☐ a tribute gift in honor of: _____
(A note will be sent to the person, notifying them of your gift.)

Donating by Check

Checks should be made out to "Holstein Foundation" and sent to the address below.

Credit Card Donations

☐ MasterCard ☐ Visa

Credit Card Number _____ Expiration Date ____/____

Signature _____

Thank you for your contribution to the Holstein Foundation, and your support of young people in the dairy industry. Your gift makes the programs of the Foundation and our mission of developing future leaders for a vibrant dairy community a reality.

PLEASE MAIL THIS FORM AND YOUR CONTRIBUTION TO:



Holstein Foundation
PO Box 816
Brattleboro, VT 05302-0816

With questions, contact Jodi Hoynoski at 802.451.4261 or jhoynoski@holstein.com.