Donation Form:

Name: _____

Address: _____

City:_____ State:____

Zip code:_____

Tel. _____ Email address:_____

Amount _____

Check one:

- ☐ **Brunner/Wagner Memorial Youth Fund**
- ☐ **Go Fund Trout Stocking Program**
- ☐ **Stream Restoration Fund**
- ☐ **General Chapter Fund**

Enclose with a check payable to:

Oconto River Trout Unlimited
P.O. Box 252
Gillett, WI 54124