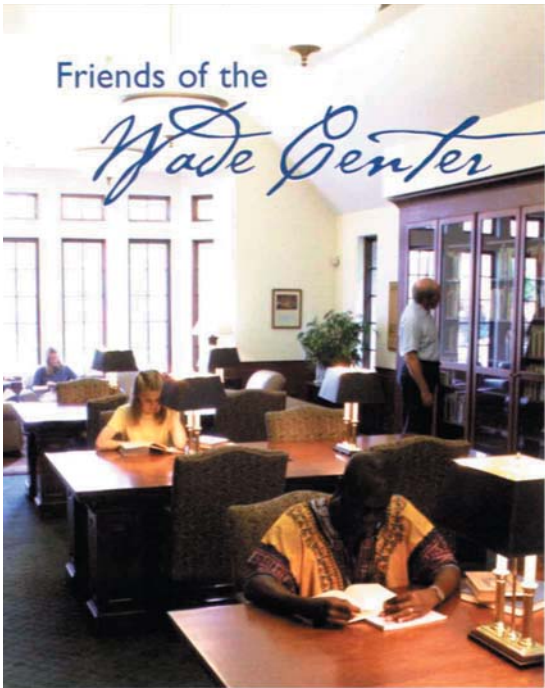


Friends of the

Wade Center



I am interested in joining with the Marion E. Wade Center in its work by contributing to the Wade Center's financial needs.

Name _____ Phone _____

Street address _____

City/State _____

Zip _____ Email _____

Gift of _____ enclosed

To be given: one-time

monthly quarterly annually

A receipt will be issued for your tax-deductible gift.



Wheaton College

For Christ and His Kingdom

MAIL TO:

FRIENDS OF THE WADE
WADE CENTER
WHEATON COLLEGE
WHEATON, IL 60187