

WASHINGTON COUNTY HISTORICAL SOCIETY

I/we wish to make a gift to the WCHS of:

\$1000.00 \$500.00 \$100.00 \$50.00 \$ _____

Address _____

City _____ State _____ Zip code _____

Email _____ Phone _____

My/Our gift will be fulfilled by:

- Enclosed check
- ACH withdrawal
- Credit card

For ACH: Bank name _____ Routing # _____
Acct # _____

For Credit card: AmEx Visa MC:
_____ Exp. Date _____ CVC _____

For gift recognition purposes, please list my/our name as indicated below:

I/We wish do not want my/our name in any donor listing. *(Please place checkmark if applicable.)*

Donor's Signature: _____ Date: _____

Please return this form to: PO Box 167, Stillwater, Minnesota 55082.

*Your contribution is tax deductible to the extent allowed by IRS regulations.
If you have specific tax questions, we advise you to consult your personal financial or legal advisor.*