

WASHINGTON COUNTY HISTORICAL SOCIETY

I/we wish to make a Memorial Gift Tribute Gift in the amount of (check enclosed):

\$250.00 \$100.00 \$50.00 \$25.00 \$ _____

My/Our Address _____

City _____ State _____ Zip code _____

Email _____ Phone _____

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.)*

Please send a note of acknowledgement of this gift to:

Name _____

Address _____

City _____ State _____ Zip code _____

WHCS will notify the person listed above of your gift. No amounts are included in this acknowledgement.

Please return this form to: 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.*