

Donation Request Form

Contact Information – Please Print

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ Birthday _____

Donation Information

One-time donation Recurring Donation

Check Cash Credit Card Direct Debit/Bank *(please enclose a voided check)*

\$1,500 \$1,000 \$500 \$250 \$100 Other \$ _____

\$100/month \$50/month \$25/month Other \$ _____

Donation is in honor of _____

Donation is in memory of _____

Mail to: Salem Area Historical Society, P.O. Box 75011, Salem, MI 48175

Donate Online

Name or billing address on card *(if different from above)*

Visa AmEx Discover Mastercard

Card# _____

Verification Code _____ Exp. Date _____

Donor Signature _____

I hereby authorize (Nonprofit's Name) to arrange automatic charges to my credit card account each month.

I understand I may cancel at any time.

Thank you for your Support!