



Donation Form

To Be Completed By Donor

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____

Fax: _____

Email: _____

Date of Donation _____

Terms/Conditions of Donation: _____

Optional:

This Gift is in Memory of In Honor Of _____

Please make _____ aware of this gift.

Address: _____

Payment Information

Check enclosed Total Amount _____

Credit Card: Name (as it appears on the card) _____

Card Number: _____

EXP _____ SEC# _____

Signature (for credit card) _____

Make checks payable and mail to:

Bay County Historical Society

321 Washington Ave

Bay City, MI 4870