

# CLARKSVILLE HISTORICAL SOCIETY

## DONATION FORM

PLEASE PRINT CLEARLY

Name:

Mailing address:

City:

State:

ZIP Code:

Phone:

E-mail Address:

### PLEASE INDICATE AMOUNT AND DONATION CATEGORY

	\$	General Fund
	\$	Woodside School
	\$	M.B. Earl Store
	\$	Historical Marker
	\$	Building Fund
	\$	Insurance

### PAYMENT INFORMATION

Cash

Check # \_\_\_\_\_

Amount enclosed:

Date: