

**CONTRIBUTION INFORMATION** (Your personal information is kept confidential)

Last Name(s): \_\_\_\_\_

First Name(s): \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would prefer that this contribution and/or my name be kept confidential.

**DONATIONS**

A one-time pledge of \$ \_\_\_\_\_ to be paid on (date) \_\_\_\_\_

A repeating donation, as follows: \$ \_\_\_\_\_ in (#) \_\_\_\_\_ installments.

Monthly  Quarterly  Annually Start date: \_\_\_\_\_

Does your employer match donations? YES/NO

Please enclose a signed Matching Donation Form from your employer if applicable.

I would like information on planned giving opportunities and/or in-kind gifts.

I would like to discuss naming opportunities.

**SPECIAL DESIGNATIONS**

**Donor Recognition:** This gift is in honor /memory of \_\_\_\_\_

**Send Notification to Name/Family:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

If you have special designations or instructions, please send them to the address or email listed below.

**METHOD OF PAYMENT**

**Check enclosed.** Please make checks payable to "Chagrin Falls Historical Society" \_\_\_\_\_ Check

**Please bill my credit card:** Card type: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ American Express \_\_\_ Discover

Name on card: \_\_\_\_\_ Account number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID # \_\_\_\_\_ (or donate at our website)

I am happy to support CFHS (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FORWARD THE COMPLETED FORM TO:**

Attn: Treasurer, CFHS; Chagrin Falls Historical Society, P.O. Box 515, Chagrin Falls, OH 44022  
or Fax to: 440-247-1031 or e-mail form to [treasurer@chagrinhistory.org](mailto:treasurer@chagrinhistory.org)

---- Thank you! ----