



HUNTERSTOWN HISTORICAL SOCIETY (HHS)

Donation Form

CORPORATE OR PERSONAL INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Country:

Phone:

Email Address:



TYPE OF DONATION (IN US DOLLARS)

*All Donations are tax deductible. A receipt will be sent for all donations accepted.

Individual Donation

Corporate Donation

Payment Received by: _____

Date: _____

SIGNATURES

A receipt will be sent to the donor within ten (10) days.

Signature of Donor(s):

Date:

Signature of HHS Treasurer:

Date: