

*To Be Completed By Donor:*

Donor Name: _____

Please list your name(s) and/or company name exactly as you wish it to appear in publication

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: _____

City: _____ State: _____ Zip: _____

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:

Detroit Historical Society
5401 Woodward Avenue
Detroit, MI 48202
Attention: Development