DONATION / PLEDGE FORM

Donor Name: _____

Address: _____

Telephone Number: (H) _____ (O) _____

Email Address: _____ @ _____

Gift/Pledge Commitment: $ _____ to be paid over _____ years

☐ Annually ☐ Quarterly ☐ Monthly

Purpose of Gift:
- ☐ Unrestricted (use where needed)
- ☐ Linnell Purchase
- ☐ Meetinghouse/Hurd Chapel Improvements
- ☐ Other _____

Donor Recognition:
- ☐ Print and/or Website list
- ☐ Museum "Legacy Wall" ($10,000 and above)
- ☐ Naming Opportunity* ($50,000 and above)
- ☐ Other* _____

*To be determined by Donor and OHS

How Name to Appear: _____
(Permission Granted)

_____ _____
Donor Signature OHS Signature

Date: _____

ORLEANS HISTORICAL SOCIETY
AND MUSEUM

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