



THE GATHERING PLACE AT WASHUXWAL

DONATION FORM

Donor Information print

Name

Billing Address

City, State, Zip

Phone

Email

Donation Information

\$25 \$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 Other \$_____

I (we) plan to make this contribution in the form of: cash check # _____
 online at <http://www.2rhm.com/>

Gift will be matched by (Company/Family/Foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

I/(we) would like our name(s) listed as: _____

I/(we) would like our gift in memory of: _____

I/(we) would like our gift in honor of: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to: **CWHS-Gathering Place**
Your gifts will be cumulative to the end of the campaign/project.

*Camas-Washougal Historical Society
PO Box 204
Washougal, WA 98671*

*CWHS is a registered tax-exempt 501(c)(3) organization.
Contributions are tax-deductible to the extent allowed by law.
CWHS Tax ID 91-1181503*

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