



GHS DONATION FORM

PLEASE FILL OUT AND MAIL THIS FORM TO:

GWINNETT HISTORICAL SOCIETY
P.O. Box 261
LAWRENCEVILLE, GA 30046
FAX: (770) 237-5616 (CREDIT CARD ONLY)

Contact Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email address: _____
Telephone (Home): _____ (Business): _____

Donation Amount: \$ _____

Donate my gift to:

____ Annual Campaign Fund (Use my donation where it is needed most)
____ Archives ____ Library ____ General Fund ____ Winn House

This Gift is for: ____ In Honor of _____
 ____ In Memory of _____
 ____ N/A

Address (if applicable)

Recognition Options:

For a gift of \$100 or more, donors are listed on our website and in our newsletter.
\$500 or more will also be listed on the Society's donor plaque.

____ I/We prefer to be listed as _____
____ I/We prefer to remain anonymous

Payment Information:

____ Enclosed is my check for \$ _____ payable to the Gwinnett Historical Society
____ Please charge \$ _____ to my ____ Visa ____ MasterCard:
Account Number: _____ Expiration Date: _____

Card Holder's Name: _____ CSV: _____

Card Holder's Signature: _____

Thank You for recognizing the importance of our work.
Devoted to the Preservation of Gwinnett County's
Rich Historical and Genealogical Heritage.