

WESTERN RESERVE HISTORICAL SOCIETY

Monthly Gift Program

Please accept my monthly donation in support WRHS Annual Fund in the amount of ...

\$5 \$10 \$20 \$50 \$100 \$200 \$_____

About you ...

Name _____
as you would like to be recognized in the WRHS Annual Report

Check here if you would like your gift to be listed as "Anonymous"

Address _____

City/State/Zip _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Agreement ...

I authorize a charge in the amount of \$ _____ to my credit card account each month and understand the amount indicated will appear on my monthly credit card account statement.

I further agree that I have the option to cancel this Agreement at any time via written notification.

_____ Date _____
Signature

Payment information ...

Please charge \$_____ each month to Visa MC AMEX Discover

Account # _____ Exp Date _____ Security Code _____

Name on card _____ Signature _____

MAIL COMPLETED FORM TO WESTERN RESERVE HISTORICAL SOCIETY, 10825 EAST BOULEVARD; CLEVELAND, OH 44106
WRHS is 501(c)(3) organization. Tax ID# 34-0714724. Your donation is tax-deductible to the full extent of the law.
An acknowledgement of the total amount of your gifts will be sent to you at the end of the calendar year for your records.

You may also call 216-325-5303 for more information regarding the monthly gift program.