

## **Donation Form**

| Name:                  |  |
|------------------------|--|
| Address:               |  |
|                        |  |
| Email Address:         |  |
|                        |  |
| ☐ Please check this bo | ox if you are interested in being added to our email newsletter.  nt our list, so your privacy is protected. |
| Select payment met     | thod   |
| ☐ Check enclosed- Ple  | ease make check payable to "Friends of Ganondagan"   |
| ☐ Credit Card          |  |
|                        | Cardholder's Information   |
| Name:                  |  |
| Address:               |  |
| Phone:                 |  |
| Credit Card            | □Mastercard □Visa  |
| Expiration date:       | 3 Digit Security Code:   |

## Please mail completed form with remittance to:

Friends of Ganondagan, P.O. Box 113, Victor, NY 14564

"Friends of Ganondagan, Inc. is a 501(c)(3) charitable organization, and as a result your gift is considered a charitable contribution and is tax deductible to the extent allowed by law."

## Thank you for your gift!