

DONATION FORM

Name(s): _____

Address: _____
City State Zip

Email: _____ Phone: _____

GIFTS ARE TAX-DEDUCTIBLE Make checks payable to the **Keweenaw Heritage Center**

\$ _____ Donation Unrestricted _____ Restricted _____

\$ _____ Adopt-A-Pipe Contribution toward the restoration and upkeep of the organ

\$ _____ Donation made in memory of or to honor: _____

(Name & address so we can notify them of your gift)

\$ _____ Check Total

_____ Contact me to be a volunteer in the spring and/or summer or to help in some other way

Mail checks to: Keweenaw Heritage Center
25880 Red Jacket Road
Calumet MI 49913