

Gift Form—Methven District Heritage Project

PERSONAL INFORMATION

Full Name: _____

Address: _____

Phone: _____

GIFT INFORMATION

I/We wish to make a total gift of \$ with ONE payment to be paid on: _____

OR over a period of: One Year Two Years Three Years

To be paid: Quarterly Annually

Date first payment: _____

I would like to designate my gift to:

- Support the refurbishment of the Memorial Hall and development of the Hall of Memories
- Support the development of the Arable Centre
- Support the development of the Snow Centre
- Be used to support the Project as a whole at the discretion of the Management Committee.
- Other _____

I/We understand that this gift may be altered should your circumstances change

My/our gift may be publicised to encourage others to give: Yes No

Signed: _____

FOR OFFICE USE

Received with this form: \$ Receipt No:

Cash Cheque Bank Authority

Received by: _____

Please make cheques payable to
THE METHVEN DISTRICT HERITAGE ASSOCIATION INC
160 Main Street