



OHIO HISTORICAL SOCIETY

Annual Fund Campaign Donation Form

Mail to:

Louise Hajduk, Annual Fund Manager
Office of Institutional Advancement
Ohio Historical Society
1982 Velma Avenue
Columbus, OH 43211-2497

Contact Information:

NAME(S) _____

ADDRESS _____

CITY/STATE _____ ZIP _____

DAY PHONE _____ E-MAIL _____

Fax (credit card only):

614.297.2324
Attn: Louise Hajduk

Giving Level:

- | | | | |
|--------------|-------------------|-------------|-----------|
| ___ \$1,200+ | Director's Circle | ___ \$150+ | Supporter |
| ___ \$500+ | Partner | ___ \$60+ | Friend |
| ___ \$350+ | Contributor | ___ \$_____ | Other |

My employer will match my gift. I have enclosed or faxed my matching gift form.

Payment Options:

- Enclosed is my check for \$_____ payable to the Ohio Historical Society.
- Please charge \$_____ to my: MasterCard VISA Discover American Express

Account Number _____ Expiration Date ___ / ___

Cardholder name (please print) _____

Cardholder signature _____

Recognition Options:

For a gift of \$150 or more, donors are listed on the OHS web site. Donors of \$350 or more are listed on the Society's donor board at the Historical Center in Columbus.

- I/We prefer to be listed as _____
- I/We wish to remain anonymous.

THANK YOU FOR RECOGNIZING THE IMPORTANCE OF OUR WORK.

You will receive an acknowledgement letter for your tax records approximately two weeks after we receive your gift.