



CHESANING CHAMBER OF COMMERCE FOUNDATION

218 N. Front Street – Suite B, Chesaning, Michigan 48616
chesaningchamberfoundation@gmail.com ~ 989-845-3055

DONATION FORM

Full Name/Business - _____

Contact Person, Phone or E-mail - _____

Preferred Division of funds (If applicable)-

- | | |
|---|---|
| <input type="checkbox"/> Emergency Business Relief | <input type="checkbox"/> Community Arts & Entertainment |
| <input type="checkbox"/> Parks/beautification | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Business Façade Improvements | <input type="checkbox"/> General (Supporting the Foundation's projects) |

Donation Amount - _____

In honor or memory of someone - _____

Send a gift Notification - (please provide name and address of family member or special person)

Name - _____

Address - _____

Notes - (please provide any additional information needed to process your donation)

Mailing address for donation receipt:

Street Address - _____

City - _____ State - _____ Zip Code - _____

Billing: Cash/Check Enclosed Credit Card Please Invoice

Do you wish to stay anonymous? Yes No

Print name _____

Signature _____ Date _____