

VERMONT HISTORICAL SOCIETY

Donation Form



Name _____ Preferred Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

I/we would like to make an impact and support . . .

\$ _____ Vermont History Fund (area of greatest need)

\$ _____ Endowment

\$ _____ Other - Please Specify (Children's History Education, Building & Maintenance, Leahy Library, League of Local Historical Societies & Museums, Public Programming) _____

Unless specified, your gift will support the Vermont History Fund

Gift Choices

One-time gift amount \$ _____

Method of Payment

Check Payment for my one-time gift or first pledge installment is enclosed. Please make payable to the Vermont Historical Society.

Credit Card

MasterCard VISA Discover AMEX

Card # _____

CVC _____ Expiration _____

Signature _____

Date _____

Recurring gift amount \$ _____

Frequency of payments (check one)

Annually Semi-annually Quarterly Monthly

First payment (required with this form) \$ _____

Next Payment Date (mm/dd/yyyy) _____

Signature _____

Date _____

Legacy Gifts

I have made provisions in my will or trust to support the Vermont Historical Society

Nature of Bequest

\$ _____

_____% of the remainder and residue of property owned at my death

Estimated value: \$ _____

Other, please describe: _____

I would like information about including the Vermont Historical Society in my will.

Gift of Stock

If you would like to make a gift using stock or other appreciated assets, please contact Kate Olney at (802) 479-8525.

Thank You!

FOR YOUR SUPPORT

~ Your Gift Makes An Impact ~