



COLEMAN VETERANS MEMORIAL DONATION FORM

Yes, I want to make a tax deductible contribution to insure that the sacrifices of our community veterans and especially for those who have died in service to our Nation, are never forgotten.



Name: _____

Street: _____

City, State, Zip Code: _____

Check

\$10 \$15 \$20 \$25
 \$50 \$100 Other \$ _____

Please make checks payable to: **Coleman Veterans Memorial**

To charge your contribution to a major credit card, please complete the following:

Card Holder Name: _____

Credit Card Number: _____

Exp Date, Billing Zip Code: _____

CSC Code (on the back of card): _____

Mail to:
Coleman Veterans Memorial
PO Box 263
Coleman, MI 48618