



## 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

Revised: May 6, 2015

# Forestry Forum Member