

Thank you for your donation to the Peak House Heritage Center's **2021** Appeal

Please print the completed form and send payment to: Peak House Heritage Center, 52 South Street, Medfield, MA 02052-2616

For more information or assistance, please email Rob Gregg at info@peakhouseheritagecenter.org

DONOR INFORMATION

First Name:	Last Name:	
Street Address:		
City:	State:	Zip Code:
Telephone Number:Email	Address:	
Name as you wish to be recognized in donor listings:		
Donation Notes: (Include special instructions, such as In Honor Of, In Memory Of)		
Donation Amount: \$	_Make in: □ One Payment	☐ Monthly ☐ Quarterly
Does your employer match donations? Yes No Company Name:		
PAYMENT METHOD		
☐ Check enclosed. (make check payable to Ped	ak House Heritage Center)	
☐ Please charge my credit card: ☐ Visa	☐ MasterCard ☐ Disco	ver
Card Number:		
Expiration Date: (mm/yyyy):/	Security Code:	
☐ One-time credit card payment OR		
☐ In equal payments Number of months:	Starting month:	
This authorization may be cancelled at any time by notifying us.		
Name on card:	Signature:	
☐ I would like more information. Please contact	t me about:	ties Planned Giving
SIGNATURE:	DAT	E: <i>J</i>