



DONATION FORM

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

Enclosed is my tax-deductible gift of \$ _____

I would like my donation applied toward:

Museum Exhibits

Fair Buildings

General Operation Support

Donation is in memory of: _____

Please keep my donation confidential

Please use enclosed envelope or return to:

CROW WING COUNTY HISTORICAL SOCIETY
320 LAUREL STREET
BRAINERD, MN 56401