DONOR CONTRIBUTION FORM

DONOR INFORMATION

Name(s):_____

Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____ E-mail:_____

GIFT AMOUNT

I/We would like to make a donation to the City of Saugatuck in the amount of $_____

GIFT PAYMENT

Please make checks payable to: **City of Saugatuck**

****Please indicate the beneficiary in the memo section of your check****

RETURN FORM TO

Please return this form to:

City of Saugatuck
PO Box 86
Saugatuck, MI 49453

OFFICE USE ONLY

Date Received:_____ Amount Received: $_____

Monetary Form: Cash / Check No._____ Received By:_____

All gifts are tax deductible to the extend allowed by law

102 Butler Street • P.O. Box 86 • Saugatuck, MI 49453
Phone: 269-857-2603 • Website: www.saugatuckcity.com