



**SAFETY AND HEALTH HISTORICAL SOCIETY
CASH GIFT FORM**

Use this form for making a cash gift to SHHS. If you wish to pay online, simply complete the information and CLICK on the SUBMIT button at the end of this form. If you pay by mail, print this form after you complete the information and mail it to:

SHHS
PO Box 1001
Tolono, IL 61880

SHHS greatly appreciates your generous support!

Name(s) _____

Company/Organization Name _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Email _____

Gift Amount \$25 \$50 \$100 Other _____

I/We would like to make an Annual Cash Gift. Please send a reminder within a year.

My employer has a matching program for charitable contributions. I have arranged for a matching gift. Please explain:

SHHS will place you on its Wall of Honor for your cash gift. By checking this box, I am requesting NOT to be listed.

Payment Method:

I am paying by check. I am paying with my credit card I am paying through PayPal

Credit Card Information

Card Number _____ Expiration MO ____ YR ____

Security Number (on back of card) _____ Name as it appears on the card _____