



**Donor Information:**

Name: \_\_\_\_\_

Address #1: \_\_\_\_\_

Address #2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*If your gift to the Buick Heritage Alliance is in memory or honor of someone special, please remember to complete the Tribute Gifts section so that we can properly acknowledge your gift. Thank you.*

**Tribute Gifts:**

My gift is:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Please send a gift acknowledgment card to the following:

Name: \_\_\_\_\_

Address #1: \_\_\_\_\_

Address #2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Method of Payment:**

Please choose one:

Enclosed is my check in the amount of: \$ \_\_\_\_\_

Please charge my credit card for: \$ \_\_\_\_\_  
(Minimum amount for credit card donations is \$25.00)

VISA

MASTERCARD

AMERICAN EXPRESS

Account Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

I wish to pledge to the following amount to the Buick Heritage Alliance: \$ \_\_\_\_\_

Please bill me:

Monthly

Quarterly

Annually

Please mail this form along with your payment to:

**Angie Brashares - Office Manager  
Buick Heritage Alliance  
13425 Bell Road  
Marysville, Ohio 40304**

*The Buick Heritage Alliance thanks you for your support!*