



Financial Contribution Form

Winters Heritage House Museum

P.O. Box 14, Elizabethtown, PA 17022

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donation: \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_

Specific application request: (if any)

\_\_\_\_\_

\_\_\_\_\_

I (name) \_\_\_\_\_ make this financial contribution in support of the Winters Heritage House Museum and Seibert Genealogy Library (or circle one). While I understand the museum will use this financial gesture, as best they can, to the purposes outlined above, I make this donation free and clear of any restrictions or expected reciprocation.

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

Date: \_\_\_\_\_

\_\_\_\_\_