



In-Kind Donation Form

Fishtown Preservation Society
PO Box 721, 203 E. Cedar St.
Leland, Michigan 49654
info@fishtownmi.org
231.256.8878

Please Print

Contact Information:

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Description of Gift / Donation (please be specific):

Estimated Dollar Value: \$ _____

Reason for Donation (optional) _____

Acceptance of Gifts, Donations, or Consigned Merchandise

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Signature _____

Thank you for your generosity!