



# Donation Form

## Sister Cities of Greenfield

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

### Donation Information

I (we) donate:

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I (we) plan to make this contribution in the form of:  
\_\_\_ cash \_\_\_ check \_\_\_ other.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Sister Cities of Greenfield  
10 S. State Street  
Greenfield, IN 46140