

### Contribution Form

Name of Contributor: \_\_\_\_\_

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

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

Amount of Contribution: \$ \_\_\_\_\_

This contribution is

- In honor of \_\_\_\_\_

Occasion being commemorated: \_\_\_\_\_

- In memory of \_\_\_\_\_

Please send notification of my gift to:

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

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

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

Richfield Historical Society  
P. O. Box 268  
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