



Donation Form

Heritage Works mission is to promote youth and community development through cultural traditions, arts and education.

Donor Information (please print or type)

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

Pledge Information

I (we) pledge a total of \$_____ to be paid: ___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:

___ cash ___ check ___ credit card ___ other: _____

Credit card type	
Credit card number	
Expiration date	
Security Code	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).

___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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___ I (we) wish to have our gift remain anonymous.

Signature(s)	Date:
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Please make checks, corporate matches, or other gifts payable to:

Heritage Works

1927 Rosa Parks Boulevard, Suite 130

Detroit, MI 48216

P: 313-496-4000

F: 313-496-4545