

**West Gadsden Historical Society  
Post Office Drawer D  
Greensboro, FL 32330-0803**

**Donation Form**

**I would like to make a donation of \_\_\_\_\_ to WGHS to assist in  
the mission to preserve the history of Gadsden County.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Memorial or Honorarium**

*Circle One*

**Please notify the following about this gift.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_