



ORAL HISTORY ASSOCIATION

## 2019 Endowment Donation

### *Thank you for your support*

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email address \_\_\_\_\_

#### **Donation Categories:**

Tax-exempt contributions to the OHA endowment can be made in the following categories. Please write in the amount you would like to contribute.

- \$ \_\_\_\_\_ to the General Endowment
- \$ \_\_\_\_\_ 2019 Day of Giving

I would like to serve on an OHA committee, to help with fundraising, to assist at the annual meeting, or to volunteer in some capacity. I am most interested in:

\_\_\_\_\_

#### **Payment**

- Enclosed is my check payable to Oral History Association.
- I authorize a charge of \_\_\_\_\_ (include total from above) to my credit card.
  - Visa  MasterCard  Discover (we cannot accept American Express)
  - Card number \_\_\_\_\_ Exp date \_\_\_\_\_ Security code \_\_\_\_\_
  - Card holder name \_\_\_\_\_ Signature \_\_\_\_\_
  - Billing address (if different than above) \_\_\_\_\_

**Mail form to:** Oral History Association, Middle Tennessee State University, Box 193, 1301 East Main Street, Murfreesboro, TN 37132

**Questions?** Call 615-898-2544 or email [oha@oralhistory.org](mailto:oha@oralhistory.org)