



## Donation Form

Please print clearly

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this gift in memory or honor?       No       In Memory       In Honor Of

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

Additional information: \_\_\_\_\_

Total \$ \_\_\_\_\_ Date \_\_\_\_\_

Check/MO Number \_\_\_\_\_ Signature \_\_\_\_\_

Please make checks payable to:      **MRPS or Mansfield Reformatory Preservation Society**

Please mail this form to:

The Ohio State Reformatory  
ATTN Donations  
100 Reformatory Rd  
Mansfield, OH 44905