



## Donation Form

Please print clearly

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

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

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

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

Which fund are you supporting?  General Operations Fund  West Cell Block Restoration Project

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