

DONATION FORM

Yes! I WOULD LIKE TO HELP SUPPORT THE EDEN ATHLETIC HALL OF FAME.

I wish to make a donation as follows:

\$25 \$50 \$100 \$250 Other _____

Phone/Email _____

City/State/Zip_____

Make checks payable and mail to: **EDEN ALUMNI SOCIETY, P.O. Box 66 • Eden, NY 14057**

Please designate on your check that your donation is for the **EDEN ATHLETICS HALL OF FAME**