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Name(s) _____

Street Address _____ City _____

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This gift is made in honor of: _____ or memory of: _____

I wish an acknowledgement of this gift sent to: _____

At (address): _____

Check enclosed: Yes / No

Credit Card: Yes /No Card # _____ Exp. _____

**Please return this completed form in the enclosed envelope to:
Niagara History Center, 215 Niagara Street, Lockport NY 14094-2305**

(The Niagara History Center is a 501(c)(3) non-profit organization. Your contributions may be tax deductible.)