Ohio Bluebird Society Legacy Fund
Honoree Designation Form

Name: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Name of person you wish to honor: _____

Name as it should appear on nest box plaque: _____

_____

Legacy Fund Donation, check where appropriate:

_____ **1 nest box @ $125**

_____ **Number of additional nest boxes @$100 each**

_____ **Total number of nest boxes requested**

Make checks payable to:
Ohio Bluebird Society

Mail to:
Ohio Bluebird Society
PMB 111, 343 W. Milltown Rd.
Wooster, OH 44691-7214

Preferred location of Legacy Box. Please specify city in Ohio. If no preference, please indicate:

_____

OBS Honoree Grant Amount:

_____

(We will contact you to discuss further).

Enclosed is my check for $_____