



Unified Ask Contribution Form

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email _____

I would like my donation applied to the following funds:

1. _____ Les Cheneaux Community Foundation \$ _____
2. _____ Les Cheneaux Ambulance Auxiliary \$ _____
3. _____ Les Cheneaux Arts Council \$ _____
4. _____ Great Lakes Boat Building School \$ _____
5. _____ Les Cheneaux Culinary School \$ _____
6. _____ Les Cheneaux Education Foundation \$ _____
7. _____ Clark Township Snows Heritage Park \$ _____
8. _____ Friends of Les Cheneaux Community Library \$ _____
9. _____ Les Cheneaux Watershed Council \$ _____
10. _____ Hessel School House & Avery Arts Center \$ _____

Please mail your check along with this form to:

Les Cheneaux Community Foundation
P.O. Box 249
Cedarville, Michigan 49719

Thank you for your generosity!