



Donation Form

DATE: _____

- | | |
|--|--|
| <input type="checkbox"/> Building Fund Donation | <input type="checkbox"/> Perpetuating Fund Donation |
| <input type="checkbox"/> Museum Donation | <input type="checkbox"/> Survivor Fund Donation |

Please accept my donation in the amount of \$_____.

- ☐ **I would like the entire donation to go to the fund marked above.**
- ☐ **I would like the donation to be split equally among the funds that I have marked above.**
- ☐ **I would like my donation to be distributed in the following manner:**

\$ _____

Building Fund Donation

\$ _____

Museum Donation

\$ _____

Perpetuating Fund Donation

\$ _____

Survivor Fund Donation

Name: _____

Company: _____

Address: _____

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

Phone: _____ **Fax:** _____

Payment Type:

- ☐ **Check** ☐ **Amex** ☐ **M/C** ☐ **Visa** ☐ **Discover**

Credit Card Number: _____

Exp. Date: _____

CVV Code: _____

Signature: _____