**Gammelgarden Museum**

**2024 Capital Campaign Donation Form**

**PERSONAL INFORMATION**

Name

Address

City, State, Zip

Email Address

q Please add me to the mailing list if I am not already on it.

Phone Number

**DONATION INFORMATION**

q One-time gift $

q Semi-annual gift $ in months and

q Monthly gift q $50 q $100 q $250 q $500 q Other

Process my donation on the q 1st of each month q 15th of each month

**CREDIT CARD INFORMATION**

Card type: q Visa q Mastercard q American Express q Discover

Card number

Expiration Date CSV

**ACKNOWLEDGMENT**

Acknowledge my gift with this name

This gift is in memory of

This gift is in honor of

Email to: [director@gammelgardenmuseum.org](mailto:director@gammelgardenmuseum.org) or mail to: Ann Rinkenberger, Director, Gammelgården Museum, P.O. Box 62, Scandia, MN 55073.