

**Gammelgarden Museum**  
**2024 Capital Campaign Donation Form**

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

**DONATION INFORMATION**

One-time gift \$ \_\_\_\_\_

Semi-annual gift \$ \_\_\_\_\_ in months \_\_\_\_\_ and \_\_\_\_\_

Monthly gift    \$50    \$100    \$250    \$500    Other \_\_\_\_\_

Process my donation on the    1<sup>st</sup> of each month    15<sup>th</sup> of each month

**CREDIT CARD INFORMATION**

Card type:    Visa    Mastercard    American Express    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.