

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 1st of each month 15th 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 _____