

# LIGHTNER MUSEUM

75 KING STREET • SAINT AUGUSTINE, FLORIDA • 904-824-2874 • INFO@LIGHTNERMUSEUM.ORG

## DONATION TO THE LIGHTNER MUSEUM

Name \_\_\_\_\_

Address (*billing, if credit card is used*) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell telephone \_\_\_\_\_

Work telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_

I (we) would like to make a tax-deductible donation to the Lightner Museum in the amount of: \$ \_\_\_\_\_

Check enclosed \_\_\_\_\_ *Please make check payable to: Lightner Museum* Credit card \_\_\_\_\_ (*Kindly fill out form below*)

Visa \_\_MC\_\_ AMEX \_\_Discover\_\_ Credit card number \_\_\_\_\_ Exp. date \_\_/\_\_/\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

I would like the Museum to use my gift where it is needed the most \_\_\_\_\_

I would like to designate my gift be used for: Operating support \_\_\_\_\_ Acquisitions \_\_\_\_\_ Library \_\_\_\_\_ Conservation \_\_\_\_\_

Please use the following name(s) in acknowledgement \_\_\_\_\_

I (we) wish to have our gift remain anonymous \_\_\_\_\_

I wish to offer my gift in honor of \_\_\_\_\_ or \_\_\_\_\_ in memory of \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email address: \_\_\_\_\_

Kindly return this form with payment to: Director, Lightner Museum, P.O. Box 334, St. Augustine, FL 32085

THANK YOU FOR YOUR KIND CONTRIBUTION TO THE MUSEUM.