

MILWAUKEE PUBLIC MUSEUM

Honor/Memorial Gift Form

I/We wish to make a gift in the amount of \$_____:

in honor of _____

in memory of _____

Notification of your gift will be mailed without mention of the gift amount.

Please notify:

Name _____

Address _____

City/State/Zip _____

Phone _____

Your contact information:

Name _____

Address _____

City/State/Zip _____

Phone _____

Email address _____

Gift payment:

Check enclosed, payable to Milwaukee Public Museum, Inc.

Credit card one-time charge (VISA, Mastercard, AmEx, or Discover)

Credit card # _____ Exp. _____ CVV _____

Signature _____ Date _____

Gifts of \$500 and above are recognized in Museum publications. If you have given at this level, please indicate how you would like your name to be listed.

I/We prefer to remain anonymous.

***For questions or to make a gift by phone, please call
Diane Hastreiter at 414-278-6128.***

Please mail to: Development Office, Milwaukee Public Museum
800 West Wells Street, Milwaukee, WI 53233-1478

Thank you for your support!

