

MILWAUKEE PUBLIC MUSEUM

Corporate Partner Pledge Form

Company Name _____

Address _____

City/State/Zip _____

Phone _____

Email Address _____

For monthly Member News emails.

Please accept our special gift of \$ _____

Payment Options:

Check enclosed, payable to Milwaukee Public Museum, Inc.

Please charge Discover / MasterCard / VISA / American Express

Credit Card # _____ Exp. _____ CVV _____

Signature _____ Date _____

Pledge

Bill in the month of _____

Or, quarterly, beginning in the month of _____

Or, semi-annually, beginning in the month of _____

For corporate recognition in Museum publications, please list name as:

Donations support all operations of the Milwaukee Public Museum. Complete financial statements for MPM, Inc. will be provided upon request.

Pledge form and payment may be returned to:

Development Office
Milwaukee Public Museum
800 West Wells Street
Milwaukee, WI 53233

Thank you for your support!

