



Donation Form:

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

____ I/we want this donation to be *anonymous*.

____ I/we do *not* want our names mentioned in Kingman Museum's Annual Report.

SELECT DONATION TYPE:

____ Restricted for: _____

____ Employer Matching

Employer: _____

____ Honor for: _____

____ Memorial for: _____

____ Unrestricted

SELECT AMOUNT:

____ \$5,000

____ \$1,000

____ \$500

____ \$250

____ \$100

____ Other: _____

SELECT INSTALLMENT:

____ Pay all at once (payment enclosed)

____ Monthly

____ Quarterly

____ Annually

____ Other: _____

SELECT PAYMENT OPTION:

____ Check or money order payment, payable to *Kingman Museum* is enclosed.

____ Credit card payment, *select one:* ____ MasterCard ____ VISA ____ Discover

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Credit card authorizing signature: _____

____ Other: _____

Send above to:

175 Limit Street, Battle Creek, Michigan 49017, Ph: (269) 965-5117, Fx: (269) 965-3330,
www.kingmanmuseum.org

Kingman Museum is a private, nonprofit 501(c)(3) organization, Federal Employer Identification #38-3585906.
Donations may be eligible for federal and/or state charitable contribution tax credits. Consult your tax advisor for details.