

# DONATION FORM

## Printable Form

Yes, I wish to donate to the Corpus Christi Museum !

**Instructions:** Complete the information below, print this page and mail to the address below with your check or handwritten credit card information.

Gift Amount \$ \_\_\_\_\_

Purpose                      Exhibits  
                                    Programs  
                                    General

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Check enclosed (Make payable to Friends of the Corpus Christi Museum)

Please charge \$ \_\_\_\_\_ to my credit card account.

Visa                      MasterCard

Your Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

This is a gift in honor of:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Mail to:**  
**Friends of the Corpus Christi Museum,**  
**1900 N. Chaparral Street, Corpus Christi, TX 78401**