## We sincerely appreciate your generosity and support. Thank you!

Please enter your donation selection(s) and amount(s) below.

\$	\$	\$	\$	\$	\$
Capital Improvement Fund	Basic Operating Fund	Major Restoration Project Fund	Enhanced Interpretation Fund	Work Session Support Fund	TOTAL
Is your donation be	ing made in honor o	r in memory of a love	d one or friend?	☐ In Honor	☐ In Memory
Name of person	to be honored				
Would you like us t	o send an acknowled	dgement of your dona	ition?		
Address					
City		State		Zi	p
Please enter your	payment information	on below.			
☐ My check for \$		is enclosed. <i>(see mai</i>	ling address below)		
☐ I authorize you	to charge my credit	card as checked belov	v.		
☐ Charge my c	redit card one time t	for \$	on the follow	ving date:	_//
☐ Charge in	(#) installme	nts of \$	every		(period of time)
VISA AMERICAN Mastercard D	DISC OVER			Exp _	/
Signature					
Please enter your	contact information	n below.			
Name	Phone				
Address					
City		Stat	e	Zi	p
		ganization. Contributi ated funds becomes o		e to the full extent	allowed by law. If the
☐ I authorize t	he Friends to apply r	my gift to a similar pro	eject in the same cate	gory as my origina	l gift
☐ I authorize t	he Friends to apply r	ny gift for basic suppo	ort		
$\square$ I would pref	er to be contacted to	o discuss how my gift	will be used		