

“FRIENDS OF THE MUSEUM” - WASHINGTON COUNTY MUSEUM OF FINE ARTS - ANNUAL FUND

Enclosed is my gift: \$1,000 \$500 \$250 \$100 Other: \$_____

I Pledge \$_____ A Month For _____ Months - A Total Gift of \$_____ (Credit Card Only)

(Installment plans are automatically charged on a monthly basis. Please submit your gift before June 30th, which marks the end of WCMFA's fiscal year.)

Name

Street Address

City, State and Zip

Email

Check enclosed
(made payable to WCMFA)



Card Number

Exp. Date

Name as it appears on the card (please print)

Signature (required for all charges)

THREE WAYS TO DONATE:

BY MAIL

CHECK OR CREDIT CARD

ONLINE

WWW.WCMFA.ORG/DONATE

BY PHONE

CALL 301-739-5727