



A Donor & Visitor Supported Nonprofit Institution

Annual Fund 2018-2019 Donation Form

Yes, I/We would like to support the Wenham Museum.

Giving amounts - please check one:

\$1,000 \$500 \$250 \$100 \$50 Other \$ _____

Your gift donation is tax deductible.

I/We will fulfill this commitment by June 30, 2019 as follows:

Check Enclosed

Donor Advised Fund. (Find the Wenham Museum as the "Wenham Historical Association & Museum, Inc." TIN: 04-2152010.)

Stock Transfer (Please call Ruth Gosselin at (978) 468-2377, ext. 116 for instructions)

Visa MC AMEX

Card # _____ Exp. Date _____

Pledge, payable by June 30, 2019. Please invoice me: Monthly Quarterly

Make this a monthly recurring gift donation.

Name: _____

Please print your name as you would like it to appear in the Annual Report.

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____@_____ Telephone: _____

Please print. We promise never to share or sell your e-mail address or phone number with any organization.

I have included the Wenham Museum in my estate plan.

Please check with your employer for information about doubling your donation via a **corporate matching gifts** program.

Signed: _____

Date: _____