



Yes, I would like to contribute to the Virginia Discovery Museum!

- Mr. & Mrs. Mr. Mrs. Miss Ms.
 Please do not list my name in your annual report.

Name

Address

City

State

Zip

Email

(See back of card for payment information.)

Payment Information

- VISA MasterCard Discover Amex
 Check (Payable to Virginia Discovery Museum)

Card Number

Expiration Date

Cardholder's Signature

Security Code

- Please contact me about making a gift of securities or including the museum in my estate plans.
 My company will match my gift.

Donation Amount

- \$5,000
 \$1,000
 \$500
 \$250
 \$100
 Other _____

Visit vadm.org for information on donor benefits.

Thank you for helping our children discover.