



## General Donation

\$ \_\_\_\_\_ Total Donation Amount    \_\_\_ Check enclosed    \_\_\_ Pledged Amount

\$ \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date (month/year) \_\_\_\_\_ CSV# \_\_\_\_\_ Signature \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Mail to: Ward Museum 909 S. Schumaker Drive, Salisbury, MD 21804